Mamawetan Churchill River Health Region

Annual Report 2012-2013

Together in Wellness

www.mcrhealth.ca

2012 Population: 23,833

Table of Contents

LETTER OF TRANSMITTAL 4

INTRODUCTION 5

ALIGNMENT WITH STRATEGIC DIRECTION 5

RHA OVERVIEW 9

PROGRESS IN 2012-13 23

MANAGEMENT REPORT 35

2012-13 FINANCIAL OVERVIEW 36

2012-13 AUDITED FINANCIAL STATEMENTS, NOTES & SCHEDULES 37

APPENDIX A 65

APPENDIX B 66

APPENDIX C 69

The electronic version of this annual report may be found at: www.mcrhealth.ca

Cover photo by Stephanie Vancoughnett.

Letter of Transmittal

Mamawetan Churchill River Health Region

Working together in wellness to promote, enhance and maintain quality of life.

Box 6000
La Ronge, SK
S0J 1L0

Phone: 306-425-2422
Fax: 306-425-5432

To the Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan:

The Mamawetan Churchill River Regional Health Authority is pleased to provide you and the residents of the health region with its 2012-13 annual report.

This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2013.

Respectfully submitted,

Ron Woytowich, Chairperson
Mamawetan Churchill River Regional Health Authority

Introduction

This annual report presents the Mamawetan Churchill River Regional Health Authority's activities and results for the fiscal year ending March 31, 2013. It reports on public commitments made and other key accomplishments of the regional health authority.

Results are provided on the publicly committed strategies, actions and performance measures identified in the strategic plan. This report also demonstrates progress made on commitments.

The 2012-13 Annual Report provides an opportunity to assess the accomplishments, results and lessons learned, and to identify how to build on past successes for the benefit of the people in the Mamawetan Churchill River Health Region.

The organization acknowledges responsibility for the preparation of this report. It has confidence in the reliability of the financial statements, as they have been audited by an independent third party and reviewed by the Provincial Auditor.

Data tables related to sick time usage, wage-driven premium hours and workers' compensation claims have been provided by the Mamawetan Churchill River Regional Health Authority's administrative services and the Ministry of Health. Some of the data used for breakthrough initiatives is for improvement purposes during the project work.

Key areas have been selected for reporting based on the strategic plan and priorities determined by the Regional Health Authority Board. The interpretation embedded in the reporting reflects the best judgement of the organization's leaders.

Alignment with Strategic Direction

The Ministry of Health has a mandate to support Saskatchewan residents in achieving their best possible health and well-being. It establishes policy direction, sets and monitors standards, provides funding, supports regional health authorities, and ensures the provision of essential and appropriate services.

The Mamawetan Churchill River Regional Health Authority works collaboratively with the Ministry of Health and with other partners to support the approximately 24,000 residents of the region, spread over a large geographical area, in achieving their best possible health and well-being.

Guiding the regional health authority is a mission, vision and values statement that was developed in consultation with the staff and approved by the Board.

Mamawetan Churchill River Regional Health Authority

Mission

Working together in wellness to promote, enhance and maintain quality of life.

External Vision

Vibrant and diverse communities, rich in northern heritage, tradition and culture.

Internal Vision

A safe, respectful environment of teamwork, learning and continuous quality improvement, representative of the communities we serve.

Values ~ WE ACT *Together*

Wholistic Approach: **Compassionate care, recognizing and supporting physical, mental, spiritual, social and emotional well-being.**

Equity: **Social justice through fair and equitable access to health services for all people.**

Accountability: **Having the courage to do what is right, guided by honesty, transparency, and responsibility to our stakeholders.**

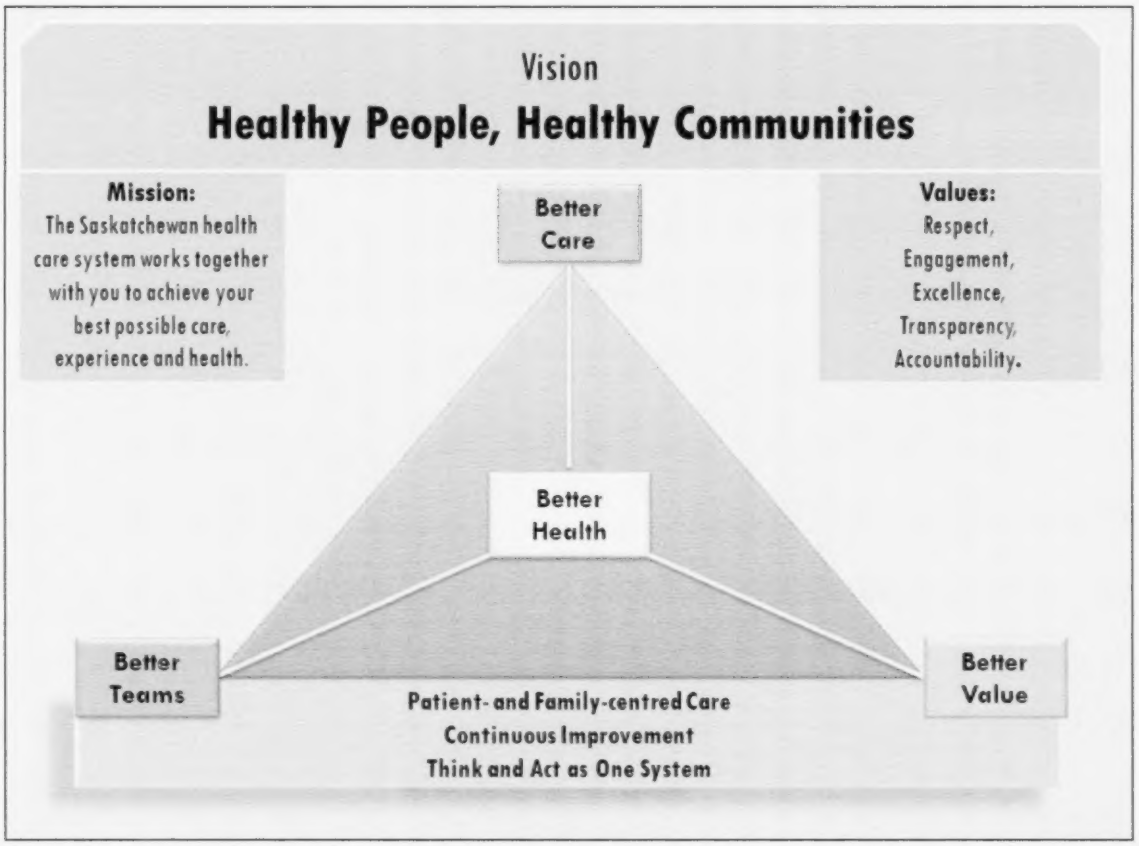
Competence: **A commitment to the continual pursuit of excellence through gaining knowledge, implementing research based best practice guidelines and standards within an ethical framework.**

Trust: **Built upon respect and valuing the unique worth of each individual in our relationships, decisions, and actions.**

Team Approach: **Working together through cooperation and recognizing each other's contributions to achieve a common goal.**

In the fall of 2011, the Saskatchewan health care system adopted the four pillars of Better Health, Better Care, Better Value and Better Teams.

BETTER HEALTH	BETTER CARE	BETTER VALUE	BETTER TEAMS
Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.	**In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.**	**Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.**	**Build safe, supportive and quality workplaces that support patient- and family-centred care and collaborative practices, and develop a highly skilled professional and diverse workforce that has a sufficient number and mix of service providers.**



During the 2012-13 fiscal year, the Mamawetan Churchill River Regional Health Authority participated in the development of a system-wide strategy deployment process in collaboration with the Ministry of Health, other regional health authorities and the Saskatchewan Cancer Agency and established five initial provincial breakthrough initiatives/hoshins:

- Transform the patient experience through sooner, safer, smarter surgical care;
- Strengthen patient-centered primary health care by improving connectivity, access, and chronic disease management;
- Deploy a continuous improvement system including training and infrastructure across the health system with an initial focus on the surgical value stream and 3P (Production, Preparation, Process) within Five Hills, Prairie North, Prince Albert Parkland, and Saskatoon health regions;
- Safety Culture: Focus on patient and staff safety;
- Identify and provide services collectively through a shared services organization.

In February, 2012, the Mamawetan Churchill River Regional Health Authority committed to focusing on the following breakthrough initiatives for 2012-13:

- primary health care redesign,
- methadone program enhancement,
- employee development tool/process,
- medication reconciliation,
- TB and HIV programs,
- continuous improvement,
- GHx implementation,
- Paperless earning statement implementation,
- Electronic medical record implementation and
- leadership development.

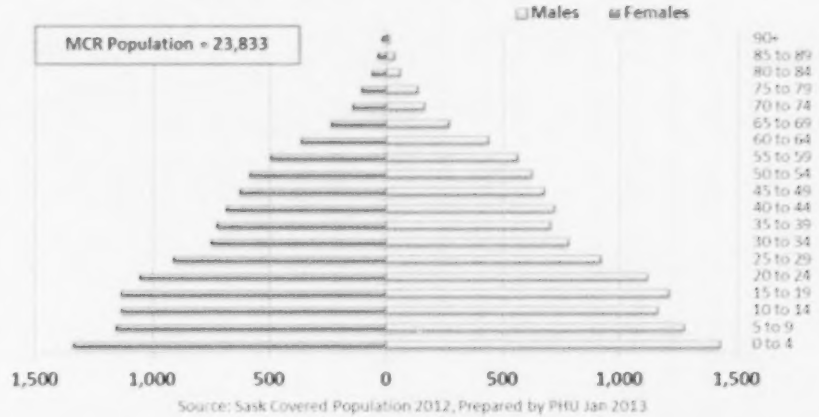
The breakthrough initiatives are influenced by the unique circumstances of the region, including demographics and health status.

RHA Overview

The population of the Mamawetan Churchill River Health Region has some unique characteristics which impact on the health care service delivery.

The distribution of population in the health region is different from the distribution of population for the province as a whole. For example, in Mamawetan Churchill River, 31% of the population is under the age of 15, compared to 19% for the province. Over 80 percent (80.2%) of the population self-identify as being Aboriginal.

Population Pyramid by Age and Sex, MCR 2012



Source: Sask Covered Population 2012, Prepared by PHU Jan 2013

The Northern Saskatchewan Health Indicators Report 2011, released in January, 2012, provides an extensive analysis of the various geographic, demographic and socio-economic impacts on health status.

In 2012, the Mamawetan Churchill River Health Region along with Keewatin Yatthé Health Region and the Athabasca Health Authority had some of the highest 'dependency ratios' of all other health regions in Canada, comparing the number of youth under 20 and elders 65 years of age and over with the 'working' population of 20-64 years. Regions with high dependency ratios indicate economically stressed areas.

Off-reserve children in the Mamawetan Churchill River Health Region aged 17 years and under (34%) are twice as likely to live in poverty compared to the province (18%).

Less than half of the health region population aged 25-29 years are high school graduates compared to 80.8% for the province.

The median before-tax income of people living in northern Saskatchewan is $13,610, which is $10,000 less than the provincial median.

The Mamawetan Churchill River Health Region has almost four times the proportion of dwellings requiring major repair, and more than 10 times the rate of crowding, having more than one person per room, compared to the province.

Governance

The Mamawetan Churchill River Regional Health Authority is responsible for the planning, organization, delivery and evaluation of health services it is to provide within its health region and within any other area that may be directed by the Minister. In carrying out its responsibilities, the regional health authority shall:

- Assess the health needs of the persons to whom the regional health authority provides health services;
- Prepare and regularly update an operational plan for the provision of health services;
- Provide the health services that the Minister determines that the regional health authority is to provide;
- Co-ordinate the health services it provides with those provided by other providers of health services;
- Evaluate the health services that it provides;
- Promote and encourage health and wellness; and
- Act on other priorities that may be directed by the Minister.

As stated in the Accountability Document, The Mamawetan Churchill River Regional Health Authority is expected to:

- comply with all legislation, regulations, contracts, policies and directives;
- comply with all Ministerial information requests; and
- provide a range of publicly acceptable services appropriate for the facility designation or community in which the service is provided.

For the 2012-13 fiscal year, from April 1 to May 22, 2012, members of the Mamawetan Churchill River Regional Health Authority for 2011-12 included:

Ron Woytowich, La Ronge, Chairperson;
Ron Pratt, La Ronge, Vice-Chairperson;
Miles Bean, La Ronge;
Lorraine Bear, Sandy Bay
Leon Charles, Grandmother's Bay;
Al Rivard, La Ronge;
Josie Searson, La Ronge; (resigned as of April 30, 2012)
Louise Wiens, La Ronge

On May 22, 2012, the following members were appointed:
Ron Woytowich, La Ronge, Chairperson;
Joe Hordyski, La Ronge, Vice-Chairperson;
Marlene Barzeele, Little Bear Lake
Lorraine Bear, Sandy Bay
Leon Charles, Grandmother's Bay; (resigned as of February 27, 2013)
Betsy Kelly, La Ronge
Les Oystryk, Creighton
Coralie Ylioja, La Ronge

The Mamawetan Churchill River Regional Health Authority has Governing Bylaws approved by the Minister of Health. In addition to holding public meetings, and meeting as the Committee of the Whole, as described under the *Regional Health Services Act*, the RHA has three committees of the Board: Governance, Audit and Finance, and Ethics.

The Ethics Committee continues to be active in a variety of areas. The Committee is committed to ensuring that its members receive ongoing education as well as Ethics related education and training for all health region staff. A highlight of 2012-13 for the Ethics Committee was the opportunity to host Dr. Timothy Christie, Philosopher and Epidemiologist specializing in medical ethics. Dr. Christie presented on several topics to a variety of audiences. As well, the Ethics Committee arranged to have the Office of Ombudsman Saskatchewan provide *The Fine Art of Fairness* training to regional staff during Ethics Week in March, 2013. The Ethics Committee is now ready to receive consultation requests, and has had a total of three Ethics consultation requests.

The Chair and Vice-Chair are members of the Northern Health Authorities Co-management Partnership Committee. In addition, the Practitioner Liaison Council, the Northern Human Services Partnership, and the North Sask Laundry & Support Service Board. When the regional Quality as a Business Strategy (QBS) Team was active, it included a representative from the RHA. The Board Chair represents the Mamawetan Churchill River Regional Health Authority on the Governing Council.

The Board had the opportunity to share with the Honourable Randy Weekes, Minister Responsible for Rural and Remote Health, some of the successes and unique challenges faced by the health region in August, 2012, during Weekes' visit to La Ronge.

Board Members of the Mamawetan Churchill River Regional Health Authority, 2012, with Minister Responsible for Rural and Remote Health
Front Row, left to right: Chairperson Ron Woytowich, Honourable Randy Weekes, Vice-Chairperson Joe Hordyski and Lorraine Bear.
Back row, left to right: Leon Charles, Coralie Ylioja, Marlene Barzeele, Les Oystryk and Betsy Kelly.

In 2012-13, the RHA met eight times in La Ronge and once in Pinehouse. Notices of the meetings are sent to the media inviting public attendance. Highlights of the public meetings, in the form of RHA Notes, are distributed to the media following the meetings. Both the notices and RHA Notes are posted on the region's website.

Community Advisory Networks consist of volunteers who assist the Regional Health Authority to understand the needs, preferences and priorities of people and communities, and advise the Authority on broad issues. The region has Terms of Reference for the Community Advisory Networks. In 2012-13, the Community Advisory Network in the Creighton, Denare Beach, and Flin Flon, Saskatchewan area met regularly with Board and region representatives. Telehealth technology is employed, in addition to face-to face meetings. At the suggestion of the group, a pamphlet and magnet were developed and distributed to the residents of these border communities to clarify which services are provided by the Mamawetan Churchill River Regional Health Authority, and which services can be accessed in Flin Flon, Manitoba, through an agreement between the two provincial governments.

In Pinehouse, an inter-agency group, Reclaiming our Community, will act as the Community Advisory Network. Two Board members attended the February, 2013 meeting of this group.

In 2012-13, the Board continued with a series of discussions with Community Focus Groups. Representatives of the Board, along with the region's management, met with members of the community in Creighton and Pinehouse.

Members participated in various modules of the Health Director Education and Certification Program, delivered through the Johnson-Shoyama Graduate School of Public Policy at the University of Regina. In 2012-13, three Board members, Lorraine Bear, Betsy Kelly and Les Oystryk, successfully met all the requirements and received their certification.

As part of its ongoing commitment to board development, the RHA members attended the second annual Saskatchewan Health Quality Summit. One Board member also attended the conference of the Canadian Public Health Association, one attended the Canadian Healthcare Association/National Health Leadership Conference, and one attended the South Central Foundation NUKA Conference.

In August, 2012, the Board hosted its fifth annual Honour Feast for staff in La Ronge, with Board members taking their turn at the barbeque. This is the Board's way of thanking all employees for their contribution to the organization. The event was combined with the recognition of those who had reached milestone years of service with the region.

Honour Feast
&
Long Service Recognition

Organizational Structure

In June, 2012 Mamawetan Churchill River Regional Health Authority underwent a major organizational re-structuring in order to better govern and serve the needs of the Health Region. An Executive Director of Integrated Health Services, an Executive Director of Community Health Services, and an Executive Director of Operational Support form an Executive Team which reports directly to the CEO. This team meets regularly with the CEO and is responsible for decisions that impact multiple levels of the organization or involve risk to the organization. This meeting is regularly expanded to include the Chief Financial Officer, the Director of Communications, the Senior Medical Officer and the Director of the Population Health Unit (who also report directly to the CEO) to consider strategic directions.

Reporting directly to the Director of Integrated Services are the Director of Nursing, Director of Primary Care Nursing, Director of Homecare, supervisors for the Laboratory and Diagnostics departments, and Community Health Managers.

Reporting directly to the Director of Community Health Services are the Director of Mental Health & Addictions, the Director of Therapies, the Manager of Public Health and the Site Manager/team leader for Creighton.

Reporting directly to the Director of Operational Support are the Director of Human Resources, Director of Information Services, Director of Facilities & Operations, Risk Management Coordinator, Emergency Preparedness Coordinator, Health Information Management Coordinator and Practitioner.

The director positions listed above make up the Directors Team which meets once a month in order to provide feedback, recommendations, and input to support Executive team. There is input into decision making on issues that require broader dialogue and communication to and from the organization and on issues that have broad implications for the region. The Directors team also participates in the strategy deployment processes for the organization.

There is also a monthly meeting of our Leadership Team which is made up of point of care leaders to allow for dissemination of information and to promote consistent practices throughout the organization.

Health Care Organizations & Other Third Party Relationships

In order to achieve its mandate, the Mamawetan Churchill River Regional Health Authority is engaged in a number of partnerships. For an extensive list, please refer to Appendix C. Of particular note, are the following:

- CADAC, the Creighton Alcohol and Drug Abuse Council.

- The organization contracts with the following to provide Emergency Medical Services – La Ronge EMS, Peter Ballantyne Cree Nation Health Services Inc., and Manitoba's Northern RHA (Flin Flon General Hospital Ambulance Service).

- North Sask Special Needs Housing, Employment, Recreation, Inc. (NSN), based in La Ronge, acts as a service delivery agent for a community support program funded by

the health authority. It is a contracted service, reviewed and renewed annually, and accountability is through a standardized contract which requires audited financial statements and an annual report. The Director of Mental Health and Addictions Services is responsible for the contract and meets regularly with NSN board and staff to review services and quarterly financial statements.

- The authority administers the funding for the Northern Human Services Partnership (Regional Intersectoral Co-ordinators)

- The authority also receives funding from Kids First North to deliver services and from the Saskatchewan Ministry of Justice to deliver the Children Exposed to Violence program.

Service Delivery

Services are delivered by the Mamawetan Churchill River Regional Health Authority to residents in north-eastern Saskatchewan through facilities in five communities: Creighton, La Ronge, Pinehouse, Sandy Bay, and Weyakwin. These facilities serve as a base for programs and services that are also provided at outfitter camps, mining operations, exploration camps, correctional facilities, schools, community gathering places, and homes.

Environmental health services are provided to off-reserve communities adjacent to First Nations communities at Stanley Mission, Southend, Pelican Narrows, Deschambault Lake, and Wollaston Lake.

In addition, a funding agreement exists between the provinces of Manitoba and Saskatchewan for the provision of services at Flin Flon General Hospital to approximately 8,000 residents of NE Saskatchewan from the communities of Creighton, Denare Beach, Deschambault Lake, Pelican Narrows, Sandy Bay, and Sturgeon Landing.

Programs & Services:

The programs and services provided by the Mamawetan Churchill River Regional Health Authority are designed to respond to the changing needs of our clients. A unique arrangement exists to provide specific services through the Population Health Unit.

Population Health Unit

The Population Health Unit (PHU) provides public health and population health services to the three northern health authorities (Athabasca Health Authority, Keewatin Yatthé Regional Health Authority and Mamawetan Churchill River Regional Health Authority) under a Co-Management Agreement.

The Population Health Unit includes: Medical Health Officers; Communicable Disease/Immunization Nurse; HIV Strategy Coordinator; Infection Prevention and Control Coordinator; Nurse Epidemiologist; Public Health Nurse Specialist; Environmental Health

Manager and six Public Health Inspectors; Public Health Nutritionist; Dental Health Educator; Population Health Promotion Coordinator; Director; and Support Staff.

The Population Health Unit has roles and responsibilities within the three northern health authorities for:

- Health protection and disease control and prevention;
- Health surveillance and health status reporting;
- Legislated mandate under the Public Health Act (2004) and regulations;
- Liaison, consultation and advice;
- Population and public health program planning and evaluation;
- Population health promotion (advocacy for healthy public policy, community development, health education).

Through the Northern Healthy Community Partnership, actions supported physical activity in schools, healthy eating and tobacco reduction to prevent and reduce high rates of chronic diseases. The funding received from the Ministry of Health for the Northern Tobacco Reduction Initiative (NTRI) provided a much-needed boost toward capacity building and sustainable tobacco reduction activities in the north. The Northern Healthy Community Partnership worked collaboratively with stakeholders to develop culturally-appropriate resources and deliver tobacco reduction workshops to more than a hundred youth throughout the three northern health authorities. The NTRI project will be completed in the summer of 2013, with ongoing action sustained through the Northern Tobacco Strategy.

The Population Health Unit assisted in the process to assess proposals for health research in northern Saskatchewan involving health authority services, facilities, staff or records to ensure ethical, effective, quality research done in a culturally safe and resource efficient manner. Between April 1, 2012 and March 31, 2013, 15 projects were assessed, a decrease from 31 projects during 2011-12.

In 2012-13, the Population Health Unit (PHU) was active in the ongoing development of provincial strategies for Sexually Transmitted Infections and HIV, and the high-incidence community TB Strategy. New and updated MRSA educational materials were developed and disseminated across the north.

The PHU continues to be challenged by the varied timing and workload required for Environmental Impact Assessment (EIA) reviews, and the spin-off work that arises (eg human health risk assessments, studies on country foods, fish data studies and advisories, updating work for licensing). In 2012-13, we were involved with five EIA-related projects at various stages. In 2012, thirteen of the 25 EIAs in progress or completed in Saskatchewan were in the northern health authorities. The attached map shows the active EIAs (orange-colored dots) and completed EIAs for

2012. The map is from the Ministry of Environment, Environmental Assessment Branch's 2012 Annual Report.

The Creighton/Flin Flon Human Health Risk Assessment, which was started in 2007/2008, was completed in 2012/13 and the results were shared with the community. This included an assessment of heavy metals in soil and the impact of exposure on human health, along with mitigation strategies.

The data collection phase of the Northern Saskatchewan Prenatal Biomonitoring Program for environmental chemicals and contaminants was completed in 2012/13, through a partnership with the Saskatchewan and Alberta Ministry of Health, and Northern Inter-Tribal Health Authority.

Physician Services

The authority does not employ physicians, although it does have a contractual arrangement for a part-time Senior Medical Officer.

In La Ronge, physician staffing is facilitated through Northern Medical Services, a division of the University of Saskatchewan. At the La Ronge Health Centre, physicians provide inpatient services (including obstetrics), emergency room coverage, care for long term care patients, and outpatient procedures.

On weekdays, the physician group offers medical services at the La Ronge Medical Clinic for scheduled appointments and minor emergencies. In addition, physicians travel regularly to Stanley Mission, Pinehouse, Southend, and Wollaston offering patient care to clients in these communities. In 2012-13, 377 outpost clinics were performed by the La Ronge physician group.

Specialist services are also made available in La Ronge in the areas of pediatrics, obstetrics, gynecology, orthopedics, general surgery, ophthalmology, and otolaryngology. Infectious disease clinics are held focusing on TB and on HIV. The visiting specialists hold clinics in the La Ronge Medical Clinic, La Ronge Health Centre and via telehealth.

The La Ronge physicians are actively involved in training residents, interns, nurse practitioners, and medical students. During 2012-2013 the physician group launched a new rural resident program with two participants. In 2013-2014 two more residents will be added to the two year program. The physicians also commit time to administrative duties for the health authority, University of Saskatchewan, and provincial committees.

At the Sandy Bay Health Centre, physician services are provided twice a week by J.A. Steyn Medical Professional Corporation, through a funding arrangement with Northern Medical Services.

Over all, the physician complement in the region is stable. The growing population and increasing service demands have made access difficult both in La Ronge and the community health centres. The La Ronge Medical Clinic has enhanced the methadone maintenance treatment and HIV management programs with support from the health authority.

Financial Services

Financial Services functions under the Director of Finance to ensure fiscal responsibility and planning occur to meet the Health Authority's obligations to the public. The department is responsible for maintaining financial accounting, payroll, invoicing, and accounts payable and receivable.

Communications

The Health Authority communications are coordinated through the Director of Communications. This position works with management and staff to ensure ongoing and appropriate communication on health issues that may impact or be of interest to the public. The position helps with coordinating Board activities, supporting internal communication processes, coordinating media inquiries and releases, and ensuring the flow of information between the Ministry of Health and other stakeholders.

Integrated Health Services:

Acute Care/Hospital Services

Acute care services within the La Ronge Health Centre provide a wide variety of services including inpatient care, emergency and outpatient care, and labour and delivery for residents of the region. The acute care unit is staffed by registered nurses and licensed practical nurses. Attending physicians are staffed through Northern Medical Services.

In 2012-13, there were 661 admissions to acute care beds. As well, 69 births occurred at the La Ronge Health Centre. There were 12,625 visits to the Emergency Department and a total of 524 clients were kept in "short stay" beds for observation.

Diagnostic Services

Diagnostic Services is comprised of laboratory, x-ray and ultrasound. In 2012-13, 41 inpatient and 1081 outpatient ultrasounds were completed. There were 280 x-ray inpatient exams completed and 4369 outpatient exams. In 2012-13, lab completed 14,882 in-patient procedures and 70,267 outpatient procedures.

Nikinan (Long Term Care)

Nikinan is the long term care facility in the Region, located in the La Ronge Health Centre. Nikinan is a Cree word meaning "Our Home" and it is home to 14 residents from many northern communities. In 2012-13, four new clients were admitted to the facility. At the end of the fiscal year, there was a waiting list of 42 individuals.

In addition to permanent residential supportive care at Nikinan, there are two rooms dedicated to providing care for people who request residential supportive care for a brief period of time. In 2012-13, there were 34 respite admissions.

An adult day program for people who benefit from daily supportive care and socialization is provided out of the long term care facility in the La Ronge Health Centre.

Home Care

Home Care is a community based service which assists clients to stay in their own homes and communities for has long as possible, allowing them to maintain dignity and independence while enhancing the quality of their lives. Home care services are provided in Creighton, La Ronge, Pinehouse, Sandy Bay and Weyakwin. Services provided are based on a provincial standardized assessment tool. Home care nurses provide care and monitoring of clients. Specialist wound care support is provided to outlying communities twice weekly by an ostomy and wound care consultant. Presently La Ronge Home Care has a licensed practical nurse in training to become a manual lymph drainage therapist. Home health aides assist clients with personal care, meal preparation, shopping, assistance to medical appointments and basic homemaking services. Meals on Wheels services are offered in La Ronge, Sandy Bay, Creighton and Weyakwin.

Podiatry care is provided by a licensed podiatrist who visits the La Ronge Health Centre monthly for 3 days. He is assisted by a nurse who provides care and follow-up between visits. Communities that have home care services also benefit from regular foot care clinics conducted by home care staff.

Volunteers are people of any age who give time, talent and energy to help other people, for which they seek no compensation. We try to match interests and time schedules with the programs. One of the most important contributions is meals on wheels delivery, seven days a week. Volunteers assist with the seniors' exercise program and the courtyard horticulture program, knitting, shopping, visiting, and baking. We have local partnerships with elementary and post-secondary schools. Persons wanting to volunteer are encouraged to contact their local home care department.

Primary Care

Primary Care is available at the health centres in Pinehouse and Sandy Bay. These are staffed by nurse practitioners, and registered nurses who work in an expanded role to deliver care to patients, with doctors visiting from La Ronge or Prince Albert on a regular basis. In La Ronge, two nurse practitioners are located at the La Ronge Medical Clinic who work collaboratively with the physicians within the clinic and extend their scope into the community and surrounding area. Residents in the Creighton area can receive primary care through the Northern Health Region in Flin Flon, Manitoba.

Community Health Services:

Addictions & Mental Health

Mental Health and Addictions services in La Ronge, Pinehouse, and Sandy Bay provide education, support and counseling to individuals, families, and groups, as well as advocacy and crisis intervention services for those experiencing issues with mental well-being and/or addictions. Youth addictions services in La Ronge are provided off-site at the Kikinahk Friendship Centre. In addition to client services our youth services include a position dedicated to health promotion, particularly in the areas of mental wellbeing and addictions for youth. Addictions services in Creighton are provided through a contracted service with Creighton Alcohol and Drug Abuse Council (CADAC) and mental health in Creighton is provided directly from an MCR employee. The region also has a Kids First North (KFN) contract to deliver Mental Health and Addictions services to KFN families in La Ronge,

Pinehouse and Sandy Bay. The Mamawetan Churchill River Health Region receives funding from the Ministry of Justice to deliver a Children Exposed to Violence program. This funding supports a full-time Social Work position to provide these services to residents of La Ronge and surrounding area. In addition to the above outpatient services in addictions MCR also has an eight-bed Social Detox program housed in the La Ronge Health Centre.

In 2012-13, there were 457 active mental health clients. There were 50 new child and youth clients, and 116 new adult clients. Twenty-eight child and youth clients had their files re-opened and 78 adult clients had files re-opened. There were 420 addictions files opened in 2012-13.

The Scattered Site Community Support program funded by MCR and provided through North Sask Special Needs Housing, Employment, Recreation, Inc. (NSN) continues to offer a Drop-In Program. Staff continue to offer a hot lunch program in partnership with the Lac La Ronge Food Bank. The visiting professional program continues to expand the number of professionals who attend on site to deliver services. The program has added a mobile unit to enhance outreach services.

As part of the breakthrough initiative for primary care re-design a team based out of the La Ronge Medical Clinic consisting of two full time social work positions and one full time clerical support staff was developed. This team provides education and support for residents accessing the Methadone Maintenance Program and those living with HIV. This team also provides community education on these issues.

In keeping with the provincial agenda of integration of the two services, the Director of Mental Health and the Director of Addictions were combined into one position – Director of Mental Health & Addictions. We will continue on our journey towards full integration and also with making better connection with Primary Care over the next year.

Therapies

Autism Spectrum Disorder (ASD) Services

ASD Services provides support to individuals and families within MCRHR that are affected by ASD. They work to improve access to resources and supports while enhancing capacity to function in the home and community. Although centred in La Ronge, the staff travel to other MCR communities to assist individuals and families.

Dietitian Services

The dietitian provides education and support to MCR clients with a variety of dietetic needs. Services are offered one day a week out of the La Ronge Medical Clinic and the remainder of the time out of the La Ronge Health Centre. The dietitian also works in MCRHR communities offering programs that promote healthy eating and good health. The dietitian provides consultative services to other MCR programs.

Children's Dental Services

The Children's Dental Program delivers dental health education and prevention within MCRHR. They also provide diagnostic and limited restorative dental services for all preschoolers and for children within the priority age groups (preschool, kindergarten, grade 1, grade 6, grade 7) and those in need of service. The main focus of the Children's Dental

Program is on prevention activities in order to reduce the number of required dental surgeries.

Dental Access Program (DAP)
Mamawetan Churchill River Regional Health Authority has been delivering treatment/preventive services through a contracted Dental Access Program since January 2010. The program has been offered out of La Ronge, Pinehouse and Sandy Bay. This contracted service is scheduled to conclude in June 2013. This will provide the opportunity to review and evaluate the services that have been offered over the past two years. The desire is to align it better with the Children's Dental Services so that dental surgeries for children will be reduced.

Physiotherapy
Physiotherapy services are provided to individuals of all ages within MCRHR, who have physical problems related to injury, disease, or disability in order to improve mobility and independence. Services include assessment, intervention, consultation, prevention and education, as well as health promotion services. The three physiotherapists provide consultation services to home care and long term care residents. MCR does not provide surgery but endeavors to assist the surgical initiative by providing rehabilitative physiotherapy services to residents of MCR to prepare patients for and recover from surgery in their home community.

Speech & Language Pathology (SLP) Therapist
MCR's SLP provides services focused on early intervention and prevention to children ages 0-60 months within MCRHR. Once the children are of school age therapy services are provided through the school division. The SLP provides consultative services to the Food Services and Long Term Care departments and provides long term care residents with an initial feeding/swallowing assessment and an annual review.

Wellness Grants:

Project	Organization	Community
Pre Cam Community School Summer Day Camp	Pre Cam Community School	La Ronge
Muskrat Camp	Minahik Waskahigan School	Pinehouse
Young Chefs of Sandy Bay	Northeast Regional Housing Authority	Sandy Bay
La Ronge Children's Festival	La Ronge Children's Festival Committee	La Ronge
First Night Out Celebrations	Creighton Community School	Creighton
Pinehouse Running Club	Pinehouse Recreation	Pinehouse
Recovery Round-up for Youth	Recovery Round-up for Youth Planning Committee	Pinehouse
Cooking Club	Senator Myles Venne School	La Ronge
GDCS Community Kitchens	Gordon Denny Community School	La Ronge
Functional Integration Program: Cooking and Healthy Eating	Minahik Waskahigan High School	Pinehouse
Step Up: To the Good Life Youth Conference	Creighton Community School	Creighton
The 25th Annual La Ronge and Area Music Festival Association	The La Ronge and Area Music Festival Association	La Ronge

Public Health Services

Public Health Nursing

Public Health Nursing provides services to community groups, families and individuals related to health promotion, disease and injury prevention, health education, community development as well as facilitation of client services. Services currently offered through Public Health Nursing are as follows: prevention and education around vaccine preventable diseases and notification and education of communicable disease, annual influenza vaccine program, annual school health programming to include vaccine preventable diseases , international travel health programming around education and vaccine preventable diseases, tuberculosis education and surveillance program, perinatal health, child health and immunization clinics, staff immunization, occupational health, and harm reduction program including the needle exchange program.

Youth Sexual Wellness

The Youth Sexual Wellness Coordinator is responsible for the development and delivery of comprehensive youth education/prevention initiatives focused in the area of sexual health and development for MCR. It promotes healthy interpersonal relationships among youth and supports reproductive health initiatives in the community.

Northern Medical Transportation/Vaccine Clerk

This position makes air/taxi/ambulance travel arrangements for clients and maintains records of clients needing referrals. This position is also responsible for receiving, managing and distributing vaccines.

Community Health Educators (CHEs)

These positions provide support through a range of programs/services including counselling and community awareness/development to help clients achieve mental and emotional balance to meet the needs and challenges of daily living. In particular, CHEs assist public health services in the following areas:

- Tuberculosis program specific to direct observed therapy
- Education and delivery of screening kits regarding prevention of colorectal cancer
- Delivery of Living Well with Chronic Conditions Program implemented in two communities
- Breast Cancer Mammography Screening
- Diabetes Education Network
- delivery of monthly health theme education packages

Operational Support Services:

Telehealth

Telehealth enhances the ability to provide patient care, regardless of geographic location. The region currently has four communities with Telehealth services:

- La Ronge (3 sites – 2 at the Health Centre 1 at the Medical Clinic)
- Pinehouse
- Sandy Bay
- Creighton

In 2012-13, clinical patients seen via Telehealth doubled from the previous year from 67 to 136 and staff and community members attended education events increased from 411 to 508, for a total of 1111.25 hours of learning.

Quality of Care
The Risk Management program is responsible for several areas that impact on the public. These include client concern handling, investigation of critical incidents, privacy and patient safety coordination. In 2012-13, 46 client concerns were logged by the Quality of Care Coordinator, 38 of which were resolved within 30 days.

Facilities and Operations
Consists of maintenance, security, regional vehicle coordination, coordination of facility renovations and upgrades; Environmental Services responsible for infection control and cleaning of La Ronge Health Centre, linen/laundry; Food Services responsible for delivering meals to clients both at La Ronge Health Centre and meals on wheels program, as well as cafeteria.

Human Resources
Responsible for general human resource functions, payroll, benefits, representative workforce, labour relations, staff orientation, and recruitment and retention duties.

Information Technology
Responsible for general information technology support, telehealth, phone system, computer infrastructure, and implementation of new technology/systems.

Health Information Services
Responsible for release of information, proper maintenance of La Ronge Health Centre patient records, coding and abstracting of inpatient data.

Emergency Preparedness
Responsible for the development and training for emergency plans, phone fanout maintenance, First Responder training, coordination with EMS services and basic-to-intermediate air medevac quality control monitoring.

Employee & Patient Safety
Responsible for OH&S training coordination, OH&S committee coordination, safety management system, regional infection control.

Progress in 2012-13

The Mamawetan Churchill River Regional Health Authority, through the implementation of its operational and strategic plan, continued to address the health care needs of its residents during 2012-13. This was achieved through the region's program activities, through the region's participation in a co-management partnership agreement with the two other northern health authorities, and through involvement in a number of intersectoral initiatives.

Highlights of progress towards selected breakthrough initiatives as determined through the strategy deployment process and those of Chief Executive Officer's Pay-for-Performance plan are presented in this report. As well, significant achievements in relation to the provision of health care services to the residents of the region are noted in the context of the four "betters" and the five year outcomes and targets of the health care system.

2012-13 was the first full year that all regional health authorities completed one cycle of hoshin kanri or strategy deployment. Mamawetan Churchill River Regional Health Authority embarked on this journey initially with 11 breakthrough initiatives. These included:

- Implementation of an electronic medical record
- Tobacco reduction
- Primary care redesign
- Tuberculosis prevention and management
- HIV prevention and management
- Medication reconciliation in acute care
- Methadone program enhancement
- Development of an employee performance tool
- Leadership development
- Implementation of paperless earning statements
- Implementation of GHX

Many lessons were learned on this journey. Some of those lessons included:

- setting the parameters of a project appropriately,
- choosing a maximum of three initiatives to be completed in a year,
- determining if it is a breakthrough initiative or a planning year,
- knowing what can be accomplished in 12 months (and knowing what cannot),
- recognizing the importance of managing with measures,
- knowing the priorities of other organizations and how those may impact MCR,
- being mindful to not task more than one breakthrough initiative to each team lead,
- managing resources appropriately, and
- factoring in the time needed for daily routine work that cannot be ignored.

Under each "better" below, are the results of the 11 breakthrough initiatives (these are underlined) along with other issues and situations that were addressed in 2012-13.

Better Health

The Mamawetan Churchill River Regional Health Authority supports the provincial health system's five year improvement outcome to reduce the age-standardized hospitalization rate for ambulatory care sensitive conditions.

By 2017, 80% of primary healthcare teams are using electronic medical records that facilitate individual patient care and enable population-based reporting for quality improvement and planning.

Results:

Implementation of EMR – the action for this breakthrough initiative was to complete the implementation of the EMR in the Pinehouse Health Centre. During the year, there was a change in the team lead and an EMR Coordinator position was developed to support implementation. The EMR was implemented in Pinehouse in February 2013, plans are underway to implement this EMR in other programs and facilities in 2013-14.

By 2015, all Saskatchewan residents who choose to be, will be connected to a primary healthcare team that includes or is linked to a family physician.

Results:

Primary Care Redesign – the action for this breakthrough initiative was to assess and standardize the services provided in the primary care sites of MCR. This initiative was broad in scope and eventually became the umbrella initiative that encompassed the tuberculosis, HIV and methadone initiatives.

Tuberculosis prevention and management – the action for this initiative was to implement the provincial tuberculosis outbreak management processes. This action was met and has now become daily work.

HIV prevention and management & Methadone program enhancement – the action from this initiative was to develop a primary care team with a focus on meeting key actions of the provincial HIV Strategy and improving the methadone management program. The targets from this initiative have been met. The actions for 2013-14 are to refine the measurement tools to ensure that forward progress is made with this population.

Tobacco reduction – the action from this initiative was to reduce tobacco use in the region. In order to meet this target it was decided to focus first on training MCR staff to provide tobacco reduction assistance in all contacts with the residents of MCR and development of policy for nicotine replacement therapy for inpatients. A voluntary survey of staff was conducted and the results showed 24% are smokers (based on a response rate of 18%).

MCR Regional Health Authority supports the provincial health system's five year improvement outcome of a 50% reduction in the incidence of communicable disease.

By March 2017, 95% of children are up-to-date on publicly-funded vaccines by ages 2 and 7.

Results:
Currently, data is largely based on entries into the Saskatchewan Immunization Management System (SIMS). It must be noted that the system underestimates the immunization coverage rates in the Mamawetan Churchill River Regional Health Authority because records from First Nations communities are only included as they can be accessed. Provincially, Public Health nursing services will be standardizing their work so that immunization campaigns are conducted at the same time so that statistics generated for each region are based on the same practices and on the same schedule.

Below is the achievement of immunization rates in 2012-13:
2 year olds pertussis – 66.5%; measles – 68.1%; meningococcal – 88.3%
7 year olds pertussis 70.8%; measles – 77%; meningococcal – 81.3%
Long Term Care Residents influenza immunizations – 100%
Health Care Workforce influenza immunizations – 67.8%

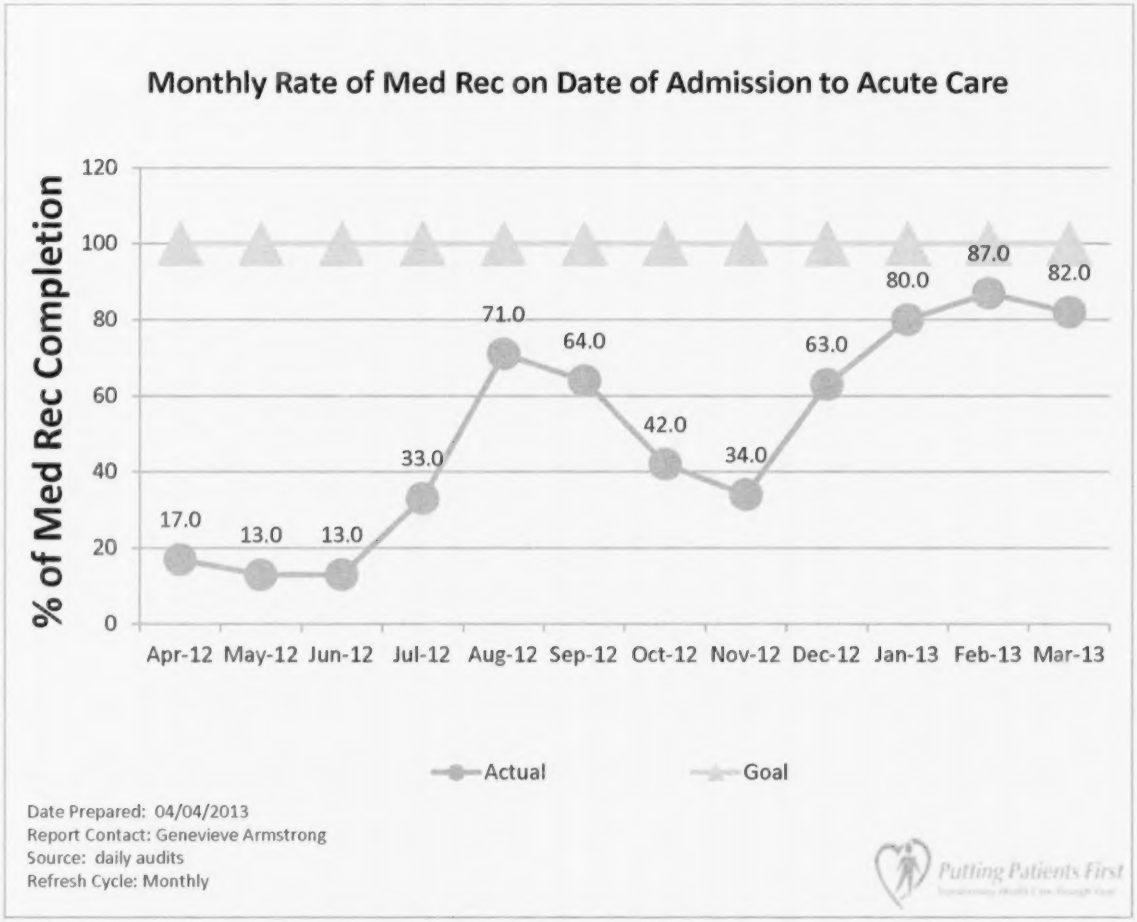
Better Care

The Mamawetan Churchill River Regional Health Authority supports the provincial health system's five year improvement outcome of no adverse events related to medication errors.

By 2015, medication reconciliation (MedRec) will be undertaken at all admissions and transfers/discharges in acute, long-term care and community.

Results:
Implementation of medrec on admission to Acute Care – the team embarked upon actions of ensuring all staff were accessing the electronic pharmacy system, educating them on medrec, creating measures and putting checks in place to ensure that medrec was completed on each patient admitted to the ward. The measures told the story, and when issues were identified, root causes were found and solutions were trialed. The chart below

shows the progress on a monthly basis throughout the year. MCR continues to make improvements that will achieve the 100% target set for 2015.



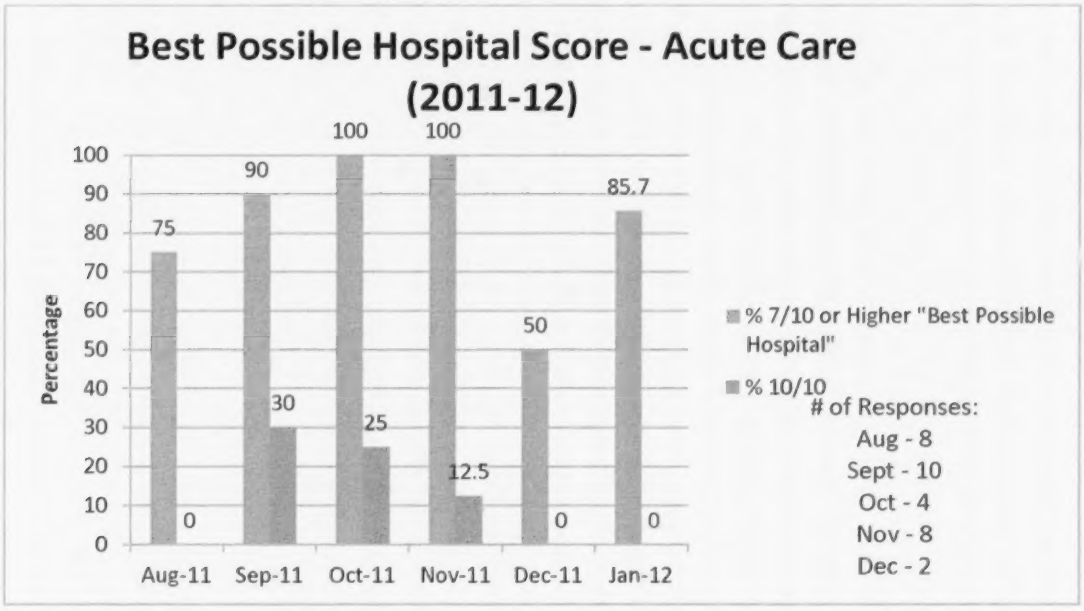
The Mamawetan Churchill River Regional Health Authority supports the provincial health system's five year improvement outcome of patients' ratings of exceptional overall healthcare experience being in the top 20% of scores internationally.

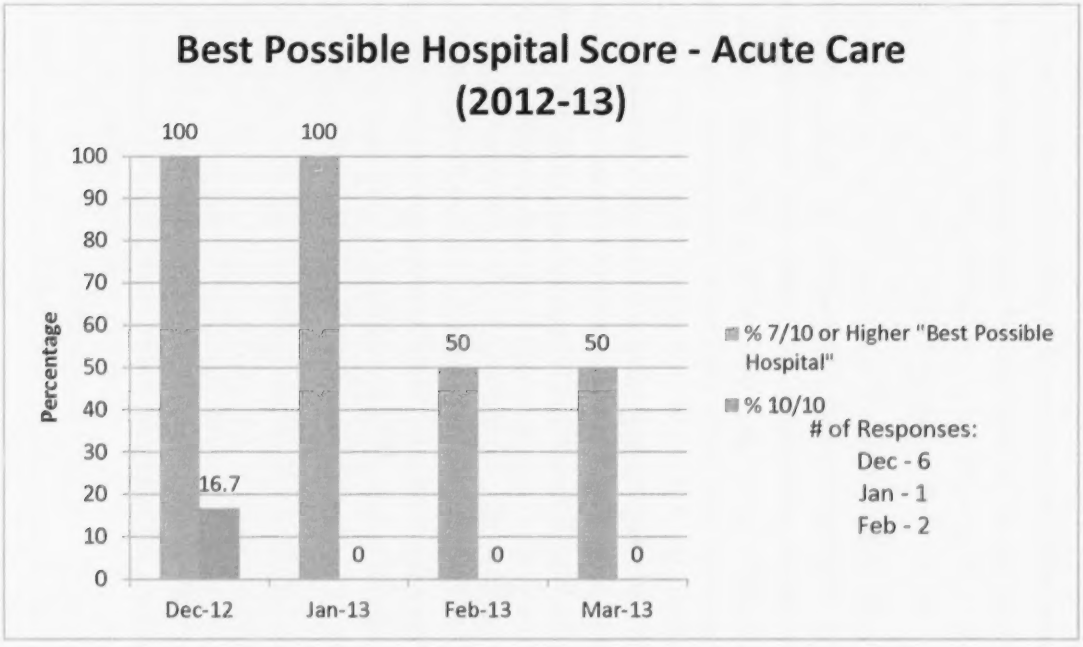
By March 2017, all RHAs/SCA will reduce the patient experience gap by 50% each year in four of the patient survey dimensions as compared to the top 20% scores internationally.

Results:

Patient Experience Survey - Provincially, paper surveys are mailed to patients by the Health Quality Council after they have been discharged to receive information on their perceptions of the care they have received during their hospital stay. In the Mamawetan Churchill River Regional Health Authority, however, the response rate was too low to be statistically significant. During 2011-12, the mailing of paper surveys was suspended and the health authority worked with the Health Quality Council to develop an alternative method of receiving feedback on the patient experience. A questionnaire was established, and

between August, 2011 and January, 2012, members of the Leadership team, not the actual care-givers, met with patients about to be discharged from the La Ronge Health Centre and engaged them in a conversation about their care in hospital.
In summer 2012, a condensed version of the survey was created and given to patients after admission by the nursing staff. Patients were then able to complete the form, enclose it in an envelope and place it in a drop box anonymously. Fewer results were received with this process. Once again a review of the questionnaire and process is underway to find the best possible way to hear the voices of our customers. The results of the two process periods are below. The staff are committed to providing quality services to our patients.





The Mamawetan Churchill River Regional Health Authority supports the provincial health system's five year improvement outcome of all patients having the option to receive necessary surgery within 3 months.

By March 2014, improve patient flow and efficiencies such that we achieve a reduction of 50% admit-no-beds.

Results:
Information is gathered on a quarterly basis on the clients in acute care beds at the La Ronge Health Centre that have been assessed, approved and are awaiting long term care placement, but are not in a state requiring acute care.

Percent Acute Care Beds Occupied Waiting Placement, of All Acute Care Beds (26)

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2010-11	**0%**	**7.7%**	**11.5%**	**3.8%**
2011-12	**3.3%**	**7.7%**	**6.7%**	**1.69%**
2012-13	**3.6%**	**4.7%**	**3.8%**	**4.5%**

The percentage of clients on the acute care ward awaiting alternate care beds varies significantly in the La Ronge Health Centre due to our small numbers. Other factors that affect this number include the incidence of palliative care needs (such as cancer care, end-of-life chronic care, etc.), and health care events that impact lifestyle and may require planning, teaching, and other preparation in the home (such as strokes, accidents, etc.).

We have 14 long term care beds and two respite beds located in La Ronge for a population of nearly 24,000. At the end of March, 2013 we had a waiting list of 43 clients. There are no other level 3 or 4 facilities within the region. Clients are reluctant to be placed in care facilities outside the region due to distance from family. The regional health authority works with other health organizations such as the Lac La Ronge Indian Band Health Services to match residents with care available in their facilities.

The Mamawetan Churchill River Regional Health Authority supports the provincial health system's five year improvement outcome of individuals with severe and complex mental health issues (with alcohol co-morbidity or acquired brain injury) having access to supportive housing in or near their community.

By March 2017, reduce number of emergency room visits for individuals with severe and complex mental health issues.

Results:
Suicide Prevention - New employees receive an overview of the Suicide Prevention Framework; the framework is available as an electronic document to all staff. In 2011-12, the region had three trainers qualified to present the ASIST (Applied Suicide Intervention Skills Training) program and two to present the SafeTalk program. In 2011-12, an additional 18 staff and members of stakeholder groups had attended workshops in ASIST in La Ronge. A SafeTalk program was held in Pinehouse. In 2012-13 one workshop was held in La Ronge with a total of 13 people attending, 7 being MCR staff.

Better Value

MCR Regional Health Authority supports the provincial health system's five year improvement outcome to have the budget strategically invested in information technology, equipment and facility renewal.

By March 31, 2015 have achieved an accumulated total savings of $100M through shared services initiatives.

Results:
Health Shared Services Saskatchewan (3sHealth) was formally established in 2012 to collaborate with the health regions and the Saskatchewan Cancer Agency (SCA) in identifying and implementing selected administrative and clinical support services that could be delivered in a shared services model. By sharing specific functions, the health regions and the SCA will improve the quality of services provided, lower costs and redirect resources to patient care.

Broad objectives of 3sHealth, in partnership with the health regions and SCA, include creating enhanced value to the health system, improving service quality and lowering the cost curve. Key achievements for 2012-2013 include:

- Established 3sHealth Board of Directors. The nine member board was established to help guide the organization to achieve its goal of providing efficient, customer-focused, quality, province-wide shared services to Saskatchewan's health sector.
- Participating in, and adopting Lean management systems and Lean certification training to help further the provincial strategy to transform healthcare in Saskatchewan into a system that puts patients first.
- Continued to leverage additional group purchasing contracts to increase buying power with provincial and national procurement contracts for clinical supplies, resulting in provincial savings of $7.7 million for 2012-2013.
- Implementing Global Healthcare Exchange (GHX), a software system to automate and streamline supply chain operations.
- Continued work to enhance, automate and standardize human resource processes through Gateway Online. This work has resulted in printing and paper cost savings, increased accuracy of information, and is allowing healthcare administrators and employees to spend less time on manual administrative processes and more time focused on the patient.
- Completion of the business case recommending a provincial linen strategy to enhance quality and infection control standards, achieve efficiencies and secure safe

working conditions. The implementation of this strategy moving forward is expected to save the healthcare system $93 million over ten years.

Work focused on Lean, group purchasing, GHX, standardizing human resource processes and the provincial linen strategy will continue in 2013. In addition to this work, 3sHealth received approval from its Board of Directors and the Council of CEOs to proceed with the development of eight new business cases. These businesses cases will explore opportunities for shared services and will be guided with a view of improving quality of services for patients and families, and achieving a five year cumulative target of $100 million in provincial savings. The eight new business cases include:

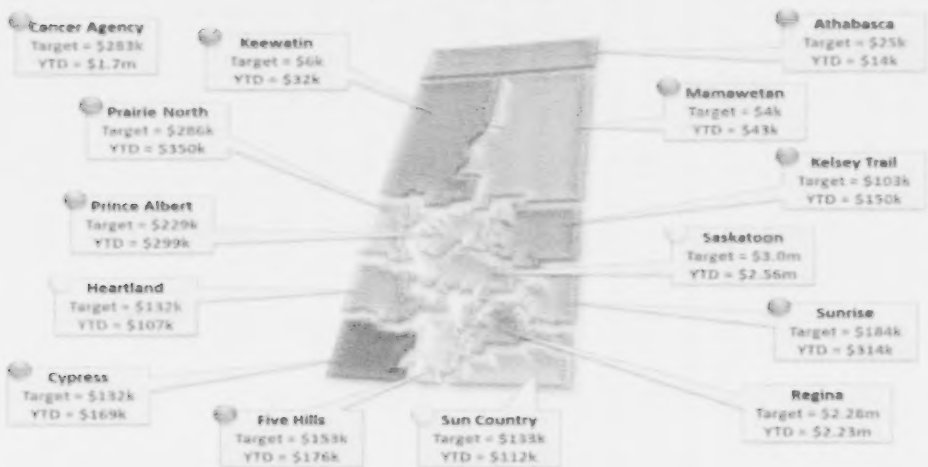
- Laboratory Services
- Diagnostic Imaging
- Environmental Services
- Supply Chain
- Information Technology and Information Management
- Enterprise Risk Management
- Capital Projects
- Workflow Optimization

Results:

MCR savings through Shared Services - MCR's targeted savings through Shared Services was $4000; figures from 3SHealth show that $43,000 was saved.

2012 – 2013 Health System Savings

(by region, target to actual)

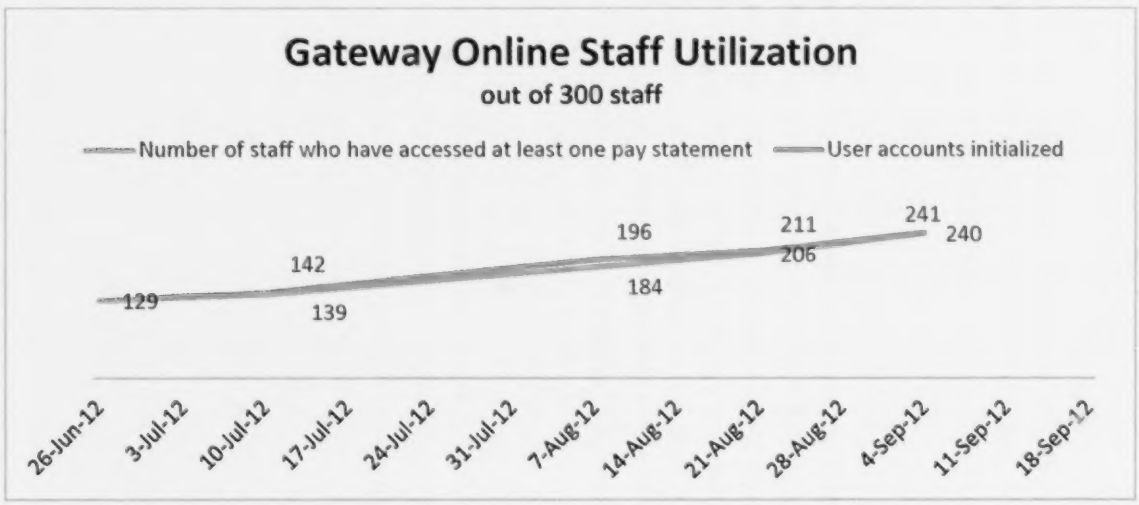


Results:

GHx Implementation – MCR chose this as a breakthrough initiative, however it was decided in early 2012-13 that it would not be suitable for a variety of reasons. These reasons include logistics with no material management department, financial software unlike other health authorities making it complicated and expensive to customize.

Results:

Paperless Earning Statement Implementation – MCR followed the provincial plan to implement Gateway Online modules. The breakthrough initiative was specifically for the paperless earning statements implementation. Education and training was done with staff, along with communication about the module. The graph below shows the uptake of staff signing on to the system and utilizing it to receive their pay information. This breakthrough initiative brought with it the lesson that provincial initiatives, though necessary, cannot be listed as a regional initiative as the span of control is limited. This was removed as a breakthrough initiative in early 2012-13.



Better Teams

The MCR Regional Health Authority supports the provincial health system's five year improvement outcome of exceeding the employee engagement score of 80%.

By March 2017, 25% of staff and clinicians (about 7500) are trained in continuous improvement basics (Kaizen Basics).

Results:

Leadership Development - In 2012-13, 8 leaders attended Lean training, successfully completing the Value Stream Mapping, Lean Leader Training and the Module Marathon and Deep Dive. An additional 8 leaders started their journey in January 2013 and have subsequently successfully completed the same sessions. Two North American Tours have been scheduled to date for 2013-14. A total of 43 staff attended Kaizen Basics which was held in La Ronge in October 2012. Work with the Provincial Kaizen Promotion Office (KPO) continues to schedule additional sessions.

By March 2017, 100% of RHAs have met their improvement targets for staff engagement to enable achievement of the provincial goal of 80%.

Results:

Employee Development Tool and Process – In 2012-13, an employee development (performance review) tool was created, piloted and implemented. The Employee Engagement Survey results indicated that employees wanted to know how they were doing at least annually at a performance review with their manager. Education was provided to managers on the use of this tool and the target for 2013-14 will be 100% of staff will have an annual review completed with one to three goals to achieve within a one year period. The lesson learned with this initiative was that it was a planning year and not an implementation year.

Results:

Representative Workforce - After a drop in the proportion of self-identified Aboriginal employees compared to the total number of employees in 2010-11, there was an increase in 2011-12, although short of the targeted 5% increase. This has remained stable for 2012-13.

Aboriginal Representation in the Workforce

	2009-10	2010-11	2011-12	2012-13
Number of self-identified Aboriginal employees compared to total number of employees	**98/302**	**95/304**	**106/304**	**106/301**
Proportion of self-identified Aboriginal employees compared to total number of employees	**32.45%**	**31.25%**	**34.87%**	**35.2%**

One of the challenges in achieving a workforce that appears to be representative of the community is that the identification of employees as Aboriginal is entirely voluntary. Some individuals choose not to self-identify.

The MCR Regional Health Authority supports the provincial health system's five year improvement outcome of zero work place injuries.

By March 31, 2014 100% of the regions have implemented a safety management system.

Results:

Below is information for previous calendar years, for the number of lost-time WCB claims per 100 FTEs only. The number for 2012-13 is lower, however these numbers fluctuate due to the small number of employees. Work has begun on the safety management system, guided by the provincial standards.

Workers' Compensation Board Claims

	2008	2009	2010	2011	2012-13
Number of lost-time WCB claims per 100 FTEs	**3.47**	**3.33**	**3.69**	**5.97**	**1.75**

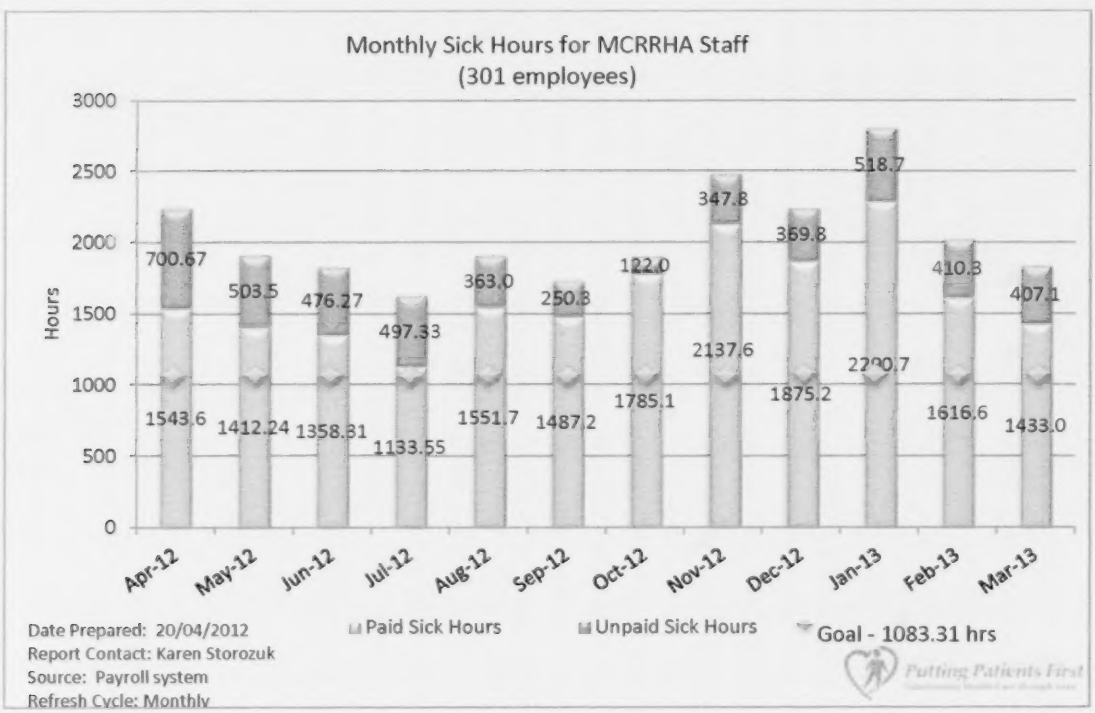
Results:

Sick leave hours are tracked by employee affiliation. All affiliations, with the exception of out-of-scope staff, increased. Overall, the number of sick leave hours for MCR was 93.64, an increase from the previous year. Over the past year, documentation of both paid and unpaid sick time was tracked on the regional visibility wall. This data is included in the graph below, indicating a target of 1083 hours/month. The Directors Team has created a subcommittee for 2013-14 to address the issue of the increases in sick time annually and to review the current attendance management program.

Sick Leave Hours

Affiliation	Hrs/FTE 2008-09	Hrs/FTE 2009-10	Hrs/FTE 2010-11	Hrs/FTE 2011-12	Hrs/FTE 2012-13
Saskatchewan Government Employees Union (SGEU):	81.76	106.79	98.24	95.09	95.91
Health Sciences Association of Saskatchewan (HSAS):	77.41	97.98	79.18	92.42	106.06
Out of Scope (OOS):	52.49	95.79	54.53	79.37	66.65
Saskatchewan Union of Nurses (SUN):	71.94	61.24	71.05	70.98	90.51
Total	75.63	96.48	81.08	88.35	93.64

Source: Ministry of Health

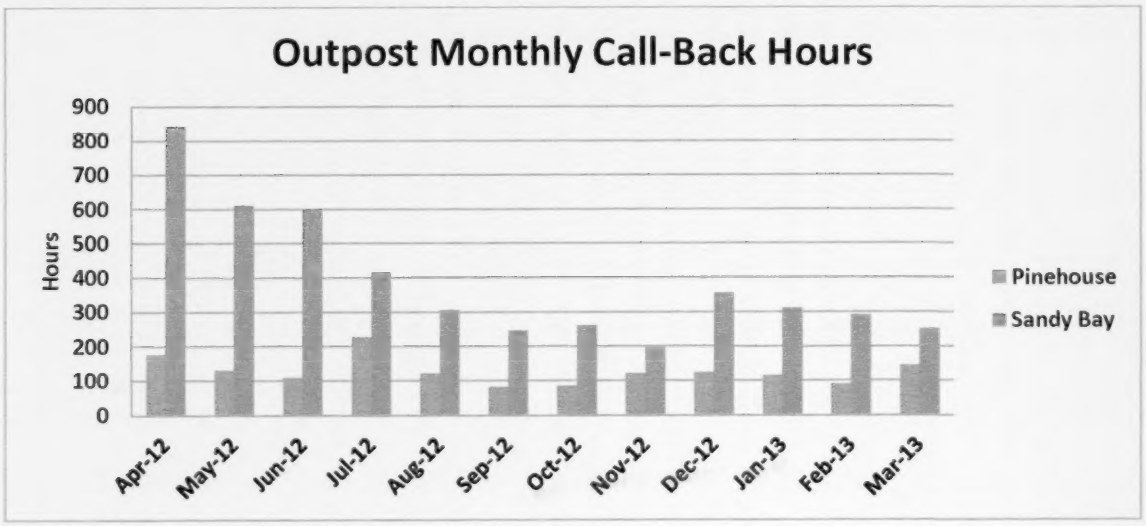


Results:

Wage-driven premium hours are also tracked by affiliation. Overall, the region decreased the number of wage-driven premium hours to 73.58. While SGEU and HSAS increased, overtime for SUN employees decreased from the previous year. Significant work was done in the communities with the primary care nurses to reduce both overtime and callbacks, as shown in the callback graph below for Pinehouse and Sandy Bay.

Wage-driven premium hours (overtime)

Affiliation	Hrs/FTE 2008-09	Hrs/FTE 2009-10	Hrs/FTE 2010-11	Hrs/FTE 2011-12	Hrs/FTE 2012-13
Saskatchewan Government Employees Union (SGEU):	59.05	55.96	59.06	51	63.03
Health Sciences Association of Saskatchewan (HSAS):	0.16	4.33	7.35	2.22	2.87
Out of Scope (OOS):	0.00	0.00	0.10	0.00	0.00
Saskatchewan Union of Nurses (SUN):	204.7	285	224.62	266.68	215.22
Total	64.15	77.03	74.29	77.21	73.58



Management Report

Mamawetan Churchill River Health Region

Working together in wellness to promote, enhance and maintain quality of life.

June 13, 2013

MAMAWETAN CHURCHILL RIVER HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Mamawetan Churchill River Regional Health Authority. The financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Audit and Finance Committee. The Audit and Finance Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Audit and Finance Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Audit and Finance Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Andrew McLetchie
Chief Executive Officer

Sulav Pant, CMA
Chief Financial Officer

www.mcrhealth.ca

2012-13 Financial Overview

The Mamawetan Churchill River Health Region is responsible for the management of financial resources as well as health care services. In 2012-13 the Mamawetan Churchill River Health Region ended the year with an operating surplus of $138,583. Actual operating revenues of $28,886,311 were $147,150 higher than the budgeted revenues of $28,739,161. Of those revenues the Ministry of Health provided 87% and other provincial revenue was under 7% of the year's total.

Each year, the region presents a balanced operating budget to the Board for approval. Once the budget is approved it is forwarded to the Ministry of Health for their review. Management reports operating results and explains variances to make sure that the proper corrective actions are taken to keep programs on budget.

For the 2012-13 year, the total operating expenses were $28,747,728, which was $114,678 more than the budget of $28,633,050. Following is an analysis of the main programs impacting operating expenses:

Program	Budget Expenses	Actual Expenses	Variance Over Budget / (Under Budget)	Variance % of Budget
Inpatient & resident services	$ 4,416,505	$ 4,608,610	$ 192,105	4.4%
Diagnostic & therapeutic services	1,897,707	1,767,526	(130,181)	-6.9%
Community health services	15,200,888	15,149,915	(50,973)	-0.3%
Support Services	6,189,447	6,414,264	224,817	3.6%
Total	$27,704,547	$27,940,315	$ 235,768	0.8%

The variance in inpatient and resident services is mainly due to the variance in acute care. The main reason for this overage is the lack of relief staff to cover vacancies that occur throughout the year. This results in staff being paid at overtime rates to cover vacancies. Diagnostic and therapeutic services as well as community health services are both under budget, mainly as a result of vacancies in positions that occurred throughout the year. As vacancies occur, it can take time to recruit those positions, which means reduced wages as well as other expenses related to those positions, such as travel and supplies. Variance in Support services is primarily due to Program Support (administration) arising from reorganization that reclassified some senior position into administration from other areas.

During the 2012-13 year, the region entered into a loan agreement to fund the installation of natural gas at the La Ronge Health Centre. At March 31, 2013, the balance owing was $195,595.

The Board invested $138,583 of the 2012-13 surplus in the capital fund; this will aid with future capital requirements of the region.

Audited Financial Statements

MAMAWETAN CHURCHILL RIVER

REGIONAL HEALTH AUTHORITY

FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2013

Deloitte LLP
#5 - 77 - 15th Street East
Prince Albert SK S6V 1E9
Canada

Tel: (306) 763-7411
Fax: (306) 763-0191
www.deloitte.ca

Deloitte

Independent Auditor's Report

To the Board of Directors of the
Mamawetan Churchill River Regional Health Authority

We have audited the accompanying financial statements of Mamawetan Churchill River Regional Health Authority, which comprise the statements of financial position as at March 31, 2013, March 31, 2012 and April 1, 2011, and the statements of operations and cash flow for the years ended March 31, 2013 and March 31, 2012, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audits is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Mamawetan Churchill River Regional Health Authority as at March 31, 2013, March 31, 2012 and April 1, 2011, and the results of its operations and its cash flows for the years ended March 31, 2013 and March 31, 2012 in accordance with Canadian accounting standards for government not-for-profit organizations.

Deloitte LLP

Chartered Accountants

May 22, 2013
Prince Albert, Saskatchewan

Member of Deloitte Touche Tohmatsu Limited

Statement 1

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2013, March 31, 2012, and April 1, 2011

	Restricted Funds					
	Operating Fund	Capital Fund	Community Trust Fund	**Total March 31, 2013**	Total March 31, 2012 (Note 17)	Total April 1, 2011 (Note 17)
ASSETS						
Current assets						
Cash and short-term investments	$ 3,264,083	$ 429,359	$ 21,654	$ **3,715,096**	$ 4,043,273	$ 4,645,348
Accounts receivable						
Ministry of Health - General Revenue Fund	14,724	-	-	**14,724**	9,248	-
Other	894,089	21,237	-	**915,326**	1,071,768	710,200
Inventory	151,515	-	-	**151,515**	179,504	167,111
Prepaid expenses	168,063	-	-	**168,063**	154,873	182,525
	4,492,474	450,596	21,654	**4,964,724**	5,458,666	5,705,274
Capital assets (Note 3)	-	9,476,533	-	**9,476,533**	9,614,287	9,489,455
Total Assets	$ 4,492,474	$ 9,927,129	$ 21,654	$ **14,441,257**	$ 15,072,953	$ 15,194,729
LIABILITIES & FUND BALANCES						
Current liabilities						
Accounts payable	$ 905,988	$ 1,157	$ -	$ **907,145**	$ 1,110,758	$ 815,867
Accrued salaries	373,813	-	-	**373,813**	353,111	1,112,586
Vacation payable	1,173,167	-	-	**1,173,167**	1,147,367	1,025,117
Bank loan payable- current (Note 5)	-	100,274	-	**100,274**	96,454	-
Deferred revenue (Note 6)	1,827,068	-	-	**1,827,068**	1,792,116	2,025,657
	4,280,036	101,431	-	**4,381,467**	4,499,806	4,979,247
Long term liabilities						
Bank loan payable (Note 5)	-	95,321	-	**95,321**	195,589	-
Employee future benefits (Note 11)	709,500	-	-	**709,500**	677,800	654,300
Total Liabilities	4,989,536	196,752	-	**5,186,288**	5,373,205	5,633,547
Fund Balances:						
Invested in capital assets	-	$ 9,280,938	$ -	$ **9,280,938**	$ 9,322,234	$ 9,489,455
Externally restricted (Schedule 3)	-	132,569	21,654	**154,243**	256,209	327,791
Internally restricted (Schedule 4)	-	316,850	-	**316,850**	652,061	398,236
Unrestricted	(497,062)	-	-	**(497,062)**	(530,756)	(654,300)
Fund balances – (Statement 4)	(497,062)	9,730,377	21,654	**9,254,969**	9,699,748	9,561,182
Total Liabilities & Fund Balances	$ 4,492,474	$ 9,927,129	$ 21,654	$ **14,441,257**	$ 15,072,953	$ 15,194,729

Contractual obligations (Note 4)
Pension Plan (Note 11)

Approved by the Board of Directors:

The accompanying notes and schedules are part of these financial statements.

Statement 2

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS
For the Years Ended March 31, 2013 and March 31, 2012

	Operating Fund			Restricted Funds			
	Budget 2013 (unaudited)	**2013**	2012 (Note 17)	Capital Fund 2013	Community Trust Fund 2013	**Total 2013**	Total 2012 (Note 17)
REVENUES							
Ministry of Health - general	$ 26,750,056	$ 25,160,524	$ 23,222,356	$ 60,000	$ -	$ 60,000	$ 67,000
Other provincial	352,643	2,001,760	2,923,966	-	-	-	-
Federal government	15,600	34,619	100,684	-	-	-	-
Patient & client fees	432,398	498,296	406,090	-	-	-	-
Out of province (reciprocal)	48,000	47,501	45,347	-	-	-	-
Out of country	5,748	10,101	1,916	-	-	-	-
Donations	-	-	-	2,097	-	2,097	12,701
Ancillary	118,000	108,627	111,783	-	-	-	-
Investment	35,000	43,269	42,577	3,446	15	3,461	4,493
Recoveries	609,758	537,017	879,089	-	-	-	
Other	371,958	444,597	495,944	-	615	615	7,852
Total revenues	28,739,161	28,886,311	28,229,752	65,543	630	66,173	92,046
EXPENSES							
Inpatient & resident services							
Nursing Administration	150,812	32,796	115,872	607,282	-	607,282	-
Acute	3,605,402	3,773,654	3,529,428	12,751	-	12,751	531,370
Supportive	660,291	802,160	649,343	-	-	-	11,699
Total inpatient & resident services	4,416,505	4,608,610	4,294,643	620,033	-	620,033	543,069
Physician compensation	907,570	788,992	1,221,134	-	-	-	-
Diagnostic & therapeutic services	1,897,707	1,767,526	1,700,620	-	-	-	-
Community health services							
Primary health care	2,969,012	3,344,268	3,204,039	-	-	-	-
Home care	1,581,294	1,704,709	1,704,412	-	-	-	-
Mental health & addictions	3,526,435	3,406,452	3,245,177	19,654	-	19,654	16,477
Population health	5,307,384	4,887,291	4,454,403	-	-	-	-
Emergency response services	1,431,924	1,428,930	1,301,050	-	-	-	-
Other community services	384,839	378,265	504,617	-	-	-	-
Total community health services	15,200,888	15,149,915	14,413,698	19,654	-	19,654	16,477
Support services							
Program support	3,128,463	3,467,740	3,008,330	9,653	-	9,653	27,909
Operational support	3,060,984	2,892,784	2,918,570	-	-	-	-
Other support	-	22,040	3,098	-	-	-	-
Employee future benefits	-	31,700	23,500	-	-	-	-
Total support services	6,189,447	6,414,264	5,953,498	9,653	-	9,653	27,909
Ancillary	20,933	18,421	12,017	-	195	195	167
Total expenses (Schedule 1)	28,633,050	28,747,728	27,595,610	649,340	195	649,535	587,622
Excess (deficiency) of revenues over expenses	$ 106,111	$ 138,583	$ 634,142	$ (583,797)	$ 435	$ (583,362)	$ (495,576)

The accompanying notes and schedules are part of these financial statements.

Statement 3

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF CHANGES IN FUND BALANCES
For the Years Ended March 31, 2013 and March 31, 2012

2013	Operating Fund	Capital Fund	Community Trust Fund	Total 2013
Fund balance, beginning of year	$ (530,756)	$ 10,209,285	$ 21,219	$ 9,699,748
				-
Excess (deficiency) of revenues over expenses	138,583	(583,797)	435	(444,779)
				-
Interfund transfers (Note 10)	(104,889)	104,889	-	-
				-
Remeasurement gains (losses)	-	-	-	-
Fund balances, end of year	$ (497,062)	$ 9,730,377	$ 21,654	$ 9,254,969

2012	Operating Fund	Capital Fund	Community Trust Fund	Total 2012 (Note 17)
Fund balance, beginning of year	$ (654,300)	$ 10,195,565	$ 19,917	$ 9,561,182
Excess (deficiency) of revenues over expenses	634,142	(496,878)	1,302	138,566
				-
Interfund transfers (Note 10)	(510,598)	510,598		-
Fund balances, end of year	$ (530,756)	$ 10,209,285	$ 21,219	$ 9,699,748

The accompanying notes and schdules are part of these financial statements

Statement 4

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2013 and March 31, 2012

	Operating Fund		Restricted Fund			
			Capital	Community	**Total**	Total
	2013	2012	Fund	Trust Fund	**2013**	2012
		(Note 17)				(Note 17)
Cash Provided by (used in):						
Operating activities:						
Excess (deficiency) of revenues over expenses	**$ 138,583**	$ 634,142	$ (583,797)	$ 435	**$ (583,362)**	$ (495,576)
Net change in non-cash working capital (Note 7)	**137,129**	(1,076,247)	(61,824)	-	**(61,824)**	168,386
Amortization of capital assets	**-**	-	637,555	-	**637,555**	549,225
	275,712	(442,105)	(8,066)	435	**(7,631)**	222,035
Capital activities:						
Purchase of capital assets:						
Buildings	**-**	-	(171,159)	-	**(171,159)**	(361,589)
Equipment	**-**	-	(328,642)	-	**(328,642)**	(312,468)
	-	-	(499,801)	-	**(499,801)**	(674,057)
Financing activities:						
Repayment of debt	**-**	-	(96,458)	-	**(96,458)**	292,053
	-	-	(96,458)	-	**(96,458)**	292,053
Net increase (decrease) in cash & short term investments during the year	**275,712**	(442,105)	(604,325)	435	**(603,890)**	(159,969)
Cash & short term investments, beginning of year	**3,093,260**	4,045,963	928,795	21,219	**950,014**	599,385
Interfund transfers (Note 10)	**(104,889)**	(510,598)	104,889	-	**104,889**	510,598
Cash & short term investments, end of year (Schedule 2)	**$ 3,264,083**	$ 3,093,260	$ 429,359	$ 21,654	**$ 451,013**	$ 950,014

The accompanying notes and schedules are part of these financial statements.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended March 31, 2013 and March 31, 2012

1. Legislative Authority

The Mamawetan Churchill River Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Mamawetan Churchill River Health Region, under section 27 of *The Act*. The RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants (CICA). The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270. As these are the RHA's first financial statements prepared in accordance with PSA standards, Section PS 2125, First-time Adoption by Government Organizations, has been applied. The RHA has also chosen to early adopt Section PS 3450, Financial Instruments, as further explained in Note 17.

The RHA's financial statements were previously prepared in accordance with Canadian generally accepted accounting principles (Canadian GAAP), as set forth in Part V of the CICA Handbook. The impact of the transition from the Canadian GAAP to public sector accounting standards is described in Note 17.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed Health Care Organization (HCOs) and third parties to provide health services.

Creighton Alcohol and Drug Abuse Council Inc.
La Ronge Emergency Medical Services
Nor-Man Regional Health Authority
Northern Saskatchewan Special Needs Housing, Employment, Recreation Inc.
Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenue. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended March 31, 2013 and March 31, 2012

2. Significant Accounting Policies – (continued)

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	$2^1/_2$ % and 10%
Equipment	5% to 20%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended March 31, 2013 and March 31, 2012

2. Significant Accounting Policies – (continued)

f) Employee future benefits

i) Pension Plan:

Employees of the RHA participate in several multiemployer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii) Accumulated sick leave benefit liability:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Key components of the financial statements requiring management to make estimates includes allowance for doubtful accounts, the useful life of capital assets and employee future benefits. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

h) Financial Instruments

Cash and short-term investments, accounts receivable, accounts payable, accrued salaries and vacation payable are classified in the amortized cost category. Gains and losses on these items carried at fair value are recognized through the Statement of Measurement Gains and Losses at each period end. Gains and losses on these financial instruments are recognized in the Statement of Operations when the financial asset is derecognized due to disposal or impairment. Bank loan payable is carried at amortized cost.

As at March 31, 2013 (2012 - none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended March 31, 2013 and March 31, 2012

3. Capital Assets

	March 31, 2013			March 31, 2012	April 1, 2011
	Cost	Accumulated Amortization	Net Book Value	Net Book Value	Net Book Value
Land	$ 407,572	$ -	$ 407,572	$ 407,572	$ 407,572
Buildings	13,608,573	5,645,475	7,963,098	8,138,757	8,165,011
Equipment	4,396,537	3,290,674	1,105,863	1,067,958	916,872
	$ 18,412,682	$ 8,936,149	$ 9,476,533	$ 9,614,287	$ 9,489,455

4. Contractual Obligations

a) Operating Leases

Minimum annual payments under operating leases on capital assets over the next five years are as follows:

2013	$ 107,168
2014	96,515
2015	57,970
2016	27,607
2017	973
Thereafter	nil

b) Contracted Health Care Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2013. Note 9 b) provides supplementary information on Health Care Organizations.

c) Air Medevac Contract

The Mamawetan Churchill River Regional Health Authority has entered into a contract with Transwest Air for supply of Air Medevac services. The contract is in place for the period June 1, 2010 to March 31, 2015. The RHA has committed to pay a monthly retainer of $26,500 plus GST for the provision of these services.

5. Bank Loan Payable

The RHA entered into a loan agreement with the Canadian Imperial Bank of Commerce to fund the installation of natural gas at the La Ronge Health Centre. The balance owing at March 31st 2013 was $195,595 (2012, $292,053). The loan bears an interest rate of 3.89%. The terms of the loan require monthly principal and interest payments of $8,842.52 and it matures in February 2015.

Principal repayments required in each of the two years are estimated as follows:

2014	$ 100,274
2015	95,325

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended March 31, 2013 and March 31, 2012

6. Deferred Revenue

	April 1, 2012	Less Amount Recognized	Add Amount Received	March 31, 2013
Sask. Health Initiatives				
Ministry of Health – General Revenue Fund				
Population Health (PHU)	$ 383,383	$ 194,205	$ 233,053	$ 422,231
Infection Prevention & Control Funding	-	-	26,927	26,927
Northern Healthy Community Partnership	146,032	17,169	-	128,863
Autism	66,285	-	-	66,285
Autism Occupational Therapy	-	-	50,000	50,000
Babies, Books and Beyond Project (NHCP)	20,000	1,115	-	18,885
Children Mental Health	15,214	459	-	14,755
Health Workforce Retention Program	1,727	1,727	-	-
Injection Drug Use Strategy	16,309	41	-	16,268
Needle Exchange PHU	15,414	4,841	-	10,573
Organizational Development	26,749	20,191	-	6,558
Tuberculosis Outbreak	44,332	44,332	-	-
Quality Workplaces	3,557	-	-	3,557
Representative Workforce	14,067	4,949	-	9,118
Workforce Planning	13,287	3,075	-	10,212
Registered Nurse/Nurse Practitioner Primary Care Education	38,892	38,892	-	-
Bursaries	-	-	10,000	10,000
Healthcare Promotions	17,621	7,981	-	9,640
HIV Communicable Disease	167,391	-	61,822	229,213
Enhanced Preventative Dental	26,045	5,483	191,185	211,747
Ministry of Health	4,065	4,065	-	-
Tobacco Reduction Strategy	250,000	156,018	-	93,982
Total Ministry of Health	**$1,270,370**	**$ 504,543**	**$ 572,987**	**$1,338,814**

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended March 31, 2013 and March 31, 2012

6. Deferred Revenue – (continued)

	April 1, 2012	Less Amount Recognized	Add Amount Received	March 31, 2013
Non Sask. Health Initiatives				
Health Quality Council	$ 26,750	$ 329	$ -	$ 26,421
Acquired Brain Injury	17,015	14,943	-	2,072
Kids First North Mental Health	4,287	6,278	12,857	10,866
Chronic Disease Nurse	6,290	6,290	-	-
Kids First North Mental Screening	4,528	-	36,716	41,244
Lean	58,755	28,524	-	30,231
Northern Health Strategy	25,754	25,754	-	-
Northern Regional Inter-sectoral Committee	129,368	129,368	159,022	159,022
SRNA Quality Workplace Program Agreement	8,279	8,279	-	-
SUN Recruitment and Retention	42,530	10,365	-	32,165
Uranium Monitoring	166,722	-	3,769	170,491
Victim Services	141	-	13,972	14,113
Enhanced Preventative Dental	31,327	31,327	-	-
TB Education – TB Outreach	-	-	1,629	1,629
Total Non-Ministry of Health	**$ 521,746**	**$ 261,457**	**227,965**	**$ 488,254**
Total Deferred Revenue	**$ 1,792,116**	**$ 766,000**	**$ 800,952**	**$1,827,068**

7. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	March 31, 2013	March 31, 2012	Capital Fund	Community Fund Trust	Total March 31, 2012	Total March 31, 2012
(Increase) Decrease in accounts receivable	$ 87,190	$ (417,784)	$ 63,775	$ -	$ 63,775	$ 47,059
(Increase) Decrease in inventory	27,989	(12,393)	-	-	-	-
(Increase) Decrease in prepaid expenses	(13,190)	27,652	-	-	-	-
Increase (Decrease) in accounts payable	(78,014)	173,544	(125,599)	-	(125,599)	121,327
Increase (Decrease) in accrued salaries	20,702	(759,475)	-	-	-	-
Increase (Decrease) in vacation payable	25,800	122,250	-	-	-	-
Increase (Decrease) in employee future benefits	31,700	23,500	-	-	-	-
Increase (Decrease) in deferred revenue	34,952	(233,541)	-	-	-	-
	$ 137,129	$ (1,076,247)	$ (61,824)	$ -	$(61,824)	$168,386

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended March 31, 2013 and March 31, 2012

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2013 was $33,389 (2012 - $36,184). These amounts are not reflected in the financial statements.

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

	March 31, 2013	March 31, 2012
Revenues		
Saskatchewan Government Insurance	$ 43,199	$ 38,322
Northern Medical Services	233,450	574,352
Other RHAs	266,696	302,319
Other	295,406	187,824
	$ 838,751	$ 1,102,817

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended March 31, 2013 and March 31, 2012

9. Related Parties – (continued)

Expenditures	**March 31, 2013**	**March 31, 2012**
3S Health (Saskatchewan Shared Services)	$ 805,086	$ 808,535
Ministry of Governments Services	597,415	655,869
Worker's Compensation Board	241,934	307,809
North Sask Laundry & Support Services Ltd.	187,966	171,262
Saskatchewan Telecommunications	246,832	252,475
Public Employees Superannuation Plan	151,130	163,436
Public Service Superannuation Plan	-	7,756
Saskatchewan Healthcare Employee's Pension Plan	2,065,165	2,010,745
Saskatchewan Power Corporation	138,175	119,805
Saskatchewan Energy Corporation	71,963	304,307
Other RHA's	33,667	246,404
eHealth Saskatchewan	54,480	42,006
Northlands College	323,145	425,000
Other	43,221	46,680
	$ 4,960,179	$ 5,562,089
Accounts Receivable		
Other RHA's	$ 244,466	$ 473,891
Northern Medical Services	53,650	574,097
Other	63,551	14,653
	$ 361,667	$ 1,062,641
Prepaid Expenditures		
Workers Compensation	$ 63,387	$ 49,833
	$ 63,387	$ 49,833
Accounts Payable		
Saskatchewan Property Management Corporation	$ 69,703	$ 54,926
3S Health (Saskatchewan Shared Services)	32,636	49,381
Saskatchewan Health care Employee's Pension Plan	155,092	140,529
Saskatchewan Workers Compensation Board	-	108,153
Northlands College	-	73,145
	$ 257,431	$ 426,134

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended March 31, 2013 and March 31, 2012

9. Related Parties – (continued)

b) Health Care Organizations

i) Prescribed Health Care Organization (HCOs) and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	March 31, 2013	March 31, 2012
Creighton Alcohol and Drug Abuse Council Inc.	$ 176,537	$ 167,000
La Ronge Emergency Medical Services	893,249	778,940
Nor-Man Regional Health Authority	43,125	45,000
Northern Saskatchewan Special Needs Housing, Employment, Recreaton Inc.	205,474	202,238
Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.	100,000	83,289
	$ 1,418,385	$ 1,276,467

10. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	March 31, 2013			March 31, 2012		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Transfer from Operating to Capital for Capital Asset Purchases	$ (104,889)	$ 104,889	$ -	$ (510,598)	$ 510,598	$ -

11. Employee Future Benefits

a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the 3S Health (Saskatchewan Shared Services) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN,

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended March 31, 2013 and March 31, 2012

11. Employee future benefits – (continued)

SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (PSSP) (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2013				2012
	SHEPP[1]	PSSP	PEPP	Total	Total
Number of active members	237	0	14	251	239
Member contribution rate, percentage of salary	3.0%-5.0%	3.0%-5.0%	3.0%-5.0%		
RHA contribution rate, percentage of salary	3.0%-5.0%	3.0%-5.0%	3.0%-5.0%		
Member contributions (thousands of dollars)	974	0	691	1,665	957
RHA contributions (thousands of dollars)	1,090	0	731	1,821	1,076

* Contribution rate varies based on employee group.

1. Active members are employees of the RHA, including those on leave of absense as of March 24, 2013. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

b) Accumulated sick leave benefit liability

The cost of accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2013. Key assumptions used as inputs into the actuarial calculation are as follows:

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended March 31, 2013 and March 31, 2012

11. Employee future benefits – (continued)

	March 31, 2013	March 31, 2012
Discount rate	2.5%	2.75%
Earnings increase	0.5% - 2%	
Mortality rate	UP 1994 Mortality Table Projected to 2020 using Scale AA	
Termination rate	0.010 - 0.119	
Retirement rate	Before member reaches Rule of 80 (age plus service equals at least 80): 2% at age 55 for members who have between 10 and 22 years of service 1% at age 60 for members who have between 6 and 9 years of service 4% at age 60 for members who have between 10 and 17 years of service 0% at all other ages and service where member does not meet Rule of 80 After member reaches Rule of 80: 8% for ages under 55 35% at age 55 for members who have between 25 and 26 years of service (between 80 and 81 points) 25% at age 55 for members who have at least 27 years of service (at least 82 points) 12% for ages between 56 and 59 where the member has between 80 and 81 points 8% for ages between 56 and 59 where the member has at least 82 points 25% for ages between 60 and 61 where the member has between 80 and 81 points 19% for ages between 60 and 61 where the member has at least 82 points 19% for ages between 62 and 64 Irrespective of the rates shown above, the retirement rates for ages 65 and older are equal to 100% Retirement rates at any other combination of age and service not described above are 0%	

Accrued benefit obligation, Beginning of year	677,800	654,300
Cost for the year	152,000	142,600
Benefits paid during the year	(120,300)	(119,100)
Accrued Benefit Obligation, End of Year	709,500	677,800

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended March 31, 2013 and March 31, 2012

12. Budget

The RHA Board approved the 2013 budget plan on June 6, 2012.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments; credit risk, market risk and liquidity risk.

The Board of Directors ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Chairperson oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of the risk.

c) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The RHA's receivables are from Saskatchewan Health – General Revenue Fund, health insurance companies, other health regions and patients. The RHA is also exposed to credit risk from cash and short-term investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	March 31, 2013	March 31, 2012	April 1, 2011
Cash and short-term investments	$ 3,715,096	$ 4,043,273	$ 4,645,348
Accounts receivable			
Ministry of Health- General Revenue Fund	14,724	9,248	-
Other	915,326	1,071,768	710,290
	$ 4,645,146	$ 5,124,289	$ 5,355,638

The RHA manages its credit risk surrounding cash and short-term investments by dealing solely with reputable banks and financial institutions.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended March 31, 2013 and March 31, 2012

13. Financial Instruments – (continued)

d) Market risk

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

i) Foreign exchange risk:

The RHA is not subject to significant foreign exchange risk from its financial instruments.

ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

The RHA's bank loan payable outstanding as at March 31, 2013 and 2012 has a fixed interest rate therefore does not have significant cashflow exposure. However the fair value of a loan having a fixed rate could fluctuate because of changes in the market interest rate.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

e) Liquidity risk

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, 2013 the RHA has a cash balance of $3,715,096 (2012 - $4,043,273)

f) Fair value

The carrying value of cash, short term investments, accounts receivable, accounts payable and accrued salaries and vacation payable approximates their fair value due to their immediate or short term nature.

The fair value of the bank loan payable before the repayment required within one year, is $100,274 (2012 - $293,809) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended March 31, 2013 and March 31, 2012

13. Financial Instruments – (continued)

g) Short-term Borrowing/Operating Line-of-Credit

Short-term borrowings are secured by hypothecation of revenues and bearing interest at an interest rate of 3.89%, which is due on demand. Total interest paid on the short-term borrowings in in 2013 was $1,259 (2012 - $895).

The RHA has a line-of-credit of $500,000 (2012 - $500,000) with an interest charged at prime, which is re-negotiated annually. The line-of-credit is secured by an assignment and hypothecation of revenues. Total interest paid on the line of credit in 2013 was nil (2012 - nil). The line-of-credit was approved by the Minister on June 19, 2002.

14. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community generated assets in trust. The RHA established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the RHA. The assets are interest bearing with the interest credited to the trust balance. The RHA presently administers $21,654 (2012 - $21,219) under these agreements.

16. Pay for Performance

Effective April 1st, 2011 a pay for performance compensation plan was introduced. Amounts over 90% of base salary are considered 'lump sum performance adjustments'. Senior employees are eligible to earn lump sum performance adjustments up to 110% of their base salary. During the year, senior employees are paid 90% of current year base salary and lump sum performance adjustments related to the previous fiscal year. At March 31, 2013, lump sum performance adjustments relating to 2012-13 have not been determined as information required to assess senior employee performance is not yet available.

18. Collective Agreements

The Saskatchewan Government Employees' Union (SGEU) contract expired in March 31, 2012. The Health Sciences Association of Saskatchewan (HSAS) is in effect until March 31, 2013. The Saskatchewan Union of Nurses (SUN) contract is in effect until March 31, 2014.

19. Transition to Public Sector Accounting Standards

Adoption of public sector accounting framework

As stated in Note 2, these are the RHA's first financial statements prepared in accordance with Canadian public sector accounting standards. The accounting policies set out in Note 2 have been applied consistently in preparing the financial statements for the year ended March 31, 2013, the comparative information presented in these financial statements and the opening statement of financial position as at April 1, 2011 (the RHAs date of transition to public sector accounting standards).

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended March 31, 2013 and March 31, 2012

19. Transition to Public Sector Accounting Standards – (continued)

a) Financial instruments

Effective April 1, 2012 the RHA adopted the PSA standards for Financial Instruments (PSA Handbook Section PS 3450). Section PS 3450 establishes standards on how to account for and report all types of financial instruments, including derivatives. Section PS 3450 has been applied prospectively, in accordance with the transitional provisions of the Section.

Upon adoption of Section PS 3450 the RHA was required to assign its financial instruments to one of two measurements categories: fair value; or cost or amortized cost. Cash and short-term investments, accounts receivable, accounts payable, accrued salaries and vacation payable are classified in the amortized cost. The RHA's other financial assets and financial liabilities are measured at cost or amortized cost. Carrying amounts are in each instance disclosed in the Statement of Financial Position.

The adoption of Section PS 3450 had no impact on the recognition and measurement of financial instruments reported in these financial statements. There were additional items related to presentation and disclosure of financial instruments that have been added to Note 13 as a result of the adoption of this standard.

b) Employee future benefits

The RHA made an adjustment to the 2011 financial statements with respect to the accounting for employee future benefits. Specifically, this adjustment related to accounting policy differences under public sector accounting standards with respect to the determination of the obligation for accumulated sick leave.

In aggregate, the resulting increase to the liability for employee future benefits at April 1, 2011 was $654,300. Employee future benefit expense for the year ended March 31, 2012 increase by $23,500.

The impact of these restatements on the comparative figures is as follows:

Summary of adjustments

c) Fund balances

The following table summarizes the impact of the transition to PSA standards on the RHA's fund balances as of April 1, 2011:

Fund balances as of April 1, 2011:	
Fund balances, as previously reported	$ 10,215,482
Adjustment to employee future benefits liability	(654,300)
Fund balances, as currently reported	$ 9,561,182

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended March 31, 2013 and March 31, 2012

19. Transition to Public Sector Accounting Standards – (continued)

d) Excess (deficiency) of revenues over expenses:

As a result of the retrospective application of PSA standards, the RHA recorded the following adjustment to excess (deficiency) of revenues over expenses for the year ended March 31, 2012:

Excess (deficiency) of revenue over expenses for the year ended March 31, 2012:

Excess (deficiency) of revenue over expenses, as previously reported	$ 657,642
Adjustment to employee future benefits expenses	(23,500)
Excess (deficiency) of revenue over expenses, as currently reported	$ 634,142

Schedules

Schedule 1

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Years Ended March 31, 2013 and March 31, 2012

	Budget 2013 (Unaudited)	Actual 2013	Actual 2012
Operating:			
Advertising & public relations	$ 76,691	$ 38,612	$ 23,575
Board costs	167,960	122,269	144,100
Compensation - benefits	4,034,878	3,921,146	3,530,919
Compensation - salaries	15,730,771	16,311,033	15,185,688
Future employee benefits salary	-	31,700	23,500
Continuing education fees & materials	154,765	146,983	154,479
Contracted-out services - other	1,238,041	1,280,120	1,137,882
Diagnostic imaging supplies	4,869	1,354	1,134
Dietary supplies	3,000	2,174	2,044
Drugs	239,947	267,132	258,248
Food	204,857	193,495	197,183
Grants to ambulance services	1,038,249	1,036,374	907,229
Grants to health care organizations &	563,172	594,694	573,588
Housekeeping & laundry supplies	48,020	33,967	48,531
Information technology contracts	83,213	89,922	73,643
Insurance	60,000	44,285	52,948
Interest	5,722	6,043	5,090
Laboratory supplies	172,931	155,493	158,827
Medical & surgical supplies	422,562	359,997	319,224
Medical remuneration & benefits	901,200	807,284	1,217,907
Meetings	31,248	30,634	38,697
Office supplies & other office costs	358,571	371,432	382,689
Other	133,585	132,457	326,822
Professional fees	214,435	345,741	203,061
Purchased salaries	80,763	296,389	375,568
Rent/lease/purchase costs	730,596	632,928	711,628
Repairs & maintenance	338,828	214,645	235,230
Supplies - other	235,003	180,959	172,663
Therapeutic supplies	4,878	-	1,418
Travel	1,061,938	871,266	906,279
Utilities	292,357	227,200	225,816
Total Operating Expenses	$28,633,050	$28,747,728	$ 27,595,610
Restricted:			
Amortization		$ 637,557	$ 549,225
Other		11,783	38,397
Ancilliary		195	-
		$ 649,535	$ 587,622

Schedule 2

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As of March 31, 2013 and March 31, 2012

	March 31, 2013	March 31, 2012	April 1, 2011
Restricted			
Cash and Short Term Investments			
Cheque and Savings:			
Flin Flon Royal Bank	$ 4,472	$ 1,256	$ 1,296
Flin Flon Credit Union	1,251	4,468	3,489
Prince Albert Credit Union	15,931	15,495	15,132
La Ronge CIBC	429,359	928,794	579,468
	$ 451,013	$ 950,013	$ 599,385
Unrestricted			
Cash and Short Term Investments			
Cash	$ 1,025	1,025	1,025
Chequing and Savings - CIBC	3,263,058	3,092,235	4,044,938
Total Cash & Short Term Investments	$ 3,264,083	$ 3,093,260	$ 4,045,963
Restricted & Unrestricted Totals			
Total Cash & Short Term Investments	**$ 3,715,096**	**$ 4,043,273**	**$ 4,645,348**

Schedule 3

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTICTED FUNDS
For the Years Ended March 31, 2013 and March 31, 2012

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
La Ronge Home Care	$ 13,802	$ 626	$ -	$ 165	$ -	$ 14,263
Weyakwin Home Care	660	-	-	-	-	660
Creighton Home Care	4,468	4	-	-	-	4,472
Sandy Bay Home Care	1,256	-	-	5	-	1,251
Pinehouse Home Care	1,033	-	-	25	-	1,008
Total Community Trust Fund	**$ 21,219**	**$ 630**	**$ -**	**$ 195**	**$ -**	**$ 21,654**

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
Ministry of Health-Equipment	$ 194,198	$ -	$ 60,000	$ -	$ (105,532)	148,666
Ministry of Health - Capital Projects	40,792	-	-	-	(56,869)	(16,077)
Total Capital Fund	**$ 234,990**	**$ -**	**$ 60,000**	**$ -**	**$ (162,401)**	**$ 132,589**
TOTAL EXTERNALLY RESTRICTED FUNDS	**$ 256,209**	**$ 630**	**$ 60,000**	**$ 195**	**$ (162,401)**	**$ 154,243**

Schedule 4

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2013

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, end of year
Other Internally Restricted Funds	$ 652,061	$ (6,241)	$ 104,889	$ -	$ (433,859)	$ 316,850
Total Internally Restricted	**$ 652,061**	**$ (6,241)**	**$ 104,889**	**$ -**	**$ (433,859)**	**$ 316,850**

Schedule 5

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF BOARD MEMBER REMUNERATION
For the Years Ended March 31, 2013 and March 31, 2012

	2013							2012
RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Ron Woytowich, Chair	$ 12,450	12,225	$ 6,413	$ 7,007	$ -	$ 1,439	39,534	37,887
Joe Hordyski	-	2,975	1,047	1,486	-	152	5,660	-
Ron Pratt	-	1,000	240	380	-	41	1,661	7,994
Louise Wiens	-	840	240	411	-	-	1,491	9,159
Josie Searson	-	200	-	14	-	-	214	12,137
Leon Charles	-	2,175	824	1,678	-	108	4,785	9,324
Allan Rivard	-	275	-	411	-	7	693	12,572
Lorraine Bear	-	3,744	4,867	8,740	-	355	17,706	18,001
Marlene Barzeele	-	2,871	2,339	3,371	-	200	8,781	-
Jean (Betsy) Kelly	-	3,525	1,340	1,849	-	194	6,908	-
Leslie Oystryk	-	4,292	2,755	5,105	-	277	12,429	-
Coralie Ylioja	-	2,900	622	984	-	121	4,627	-
Miles Bean	-	-	-	-	-	-	-	4,897
Total	$ 12,450	$ 37,022	$ 20,687	$ 31,436	$ -	$ 2,894	$104,489	$111,971

Schedule 5 – (continued)

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERARANCE
For the Years Ended March 31, 2013 and March 31, 2012

	2013					2012		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances[1,2]	Severance	Total
Andrew McLetchie, CEO	$131,006	$ 8,278	$139,284	$ -	$139,284	$ 132,854	$ -	$132,854
Sulav Pant Director of Finance & CFO[a]	55,256	2,171	57,427	-	57,427	-	-	-
Irene Erikson, Director of Corporate Services & CFO[b]	62,700	5,371	68,071	-	68,071	87,370	-	87,370
David Watts, Executive Director of Integrated Services	125,423	7,619	133,042	-	133,042	30,015	-	30,015
Teresa Watt, Executive Director Support Services	104,164	7,941	112,105	-	112,105	108,853	-	108,853
Donna Stockdale, Director of Population Health	118,141	13,771	131,912	-	131,912	123,417	-	123,417
Sharyn Swann, Executive Director of Community Health Services	88,854	7,932	96,786	-	96,786	89,072	-	89,072
Linda Mikolayenko, Director of Communications	82,098	9,025	91,123	-	91,123	88,427	-	88,427
Total	$767,642	$ 62,108	$829,750	$ -	$829,750	$ 660,008	$ -	$660,008

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. Senior employee salaries were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance adjustments have not been determined for the year ended March 31, 2012 and will be paid out in the 2012-13 fiscal year. This schedule will be amended in the 2012-13 fiscal year to reflect the performance adjustments. Refer to Note 20 for further details.

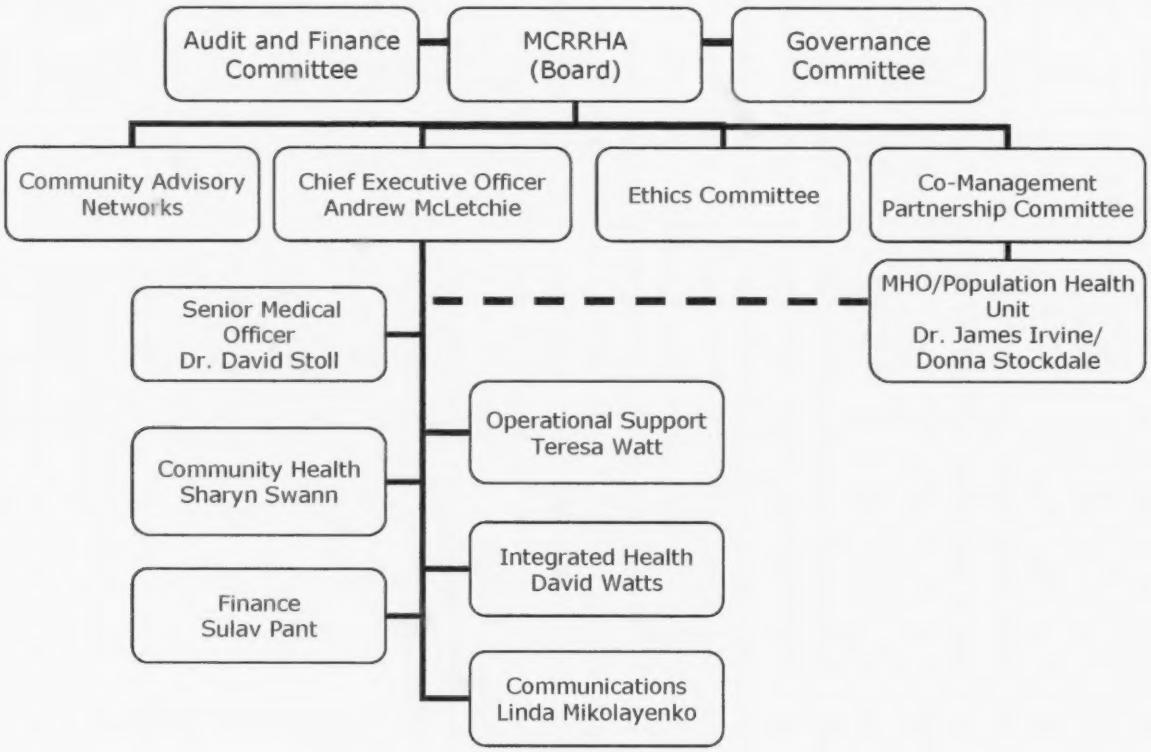
2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

a. Assumed September 6, 2012

b. Retired effective August 1, 2012

Appendix A – Organizational Chart

The Mamawetan Churchill River Regional Health Authority is organized utilizing a departmental model. Each program manager or director is held accountable for one or more functions. Below is the organization chart as of March 31, 2013.



Appendix B - Payee List

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

PAYEE DISCLOSURE LIST

For the Year Ended March 31, 2013

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more.

Ahenakew, Wendy	$ 76,806	Goulet, Mildred	$ 82,618
Anderson, Debbie	67,396	Graham, Bryce	95,654
Armstrong, Genevieve	87,932	Gray, Janet	86,447
Ashiru, Rose	65,492	Greuel, Bradley	51,587
Beaudin, Donovan	83,108	Greuel, Cindy	100,051
Beckman, Bart	93,358	Grimard, JoAnne	55,713
Begrand, Celeste	53,927	Haberman, Cory	92,223
Bell, Kim Ann	75,394	hallberg, dianne	83,495
Biemans, Theodore	57,006	Hamilton-Trottier, Bonnie	55,654
Biliske, Barbara	64,374	Haydukewich, Karien	85,091
Boyer, BM Audrey	66,705	Helary, Meaghan	65,075
Brakstad, Gregory	75,020	Hiebert, Julia	67,500
Bratberg, Larene	103,675	Holmes, Alida	90,320
Brock, Trent	88,873	Horne, Sandra	71,921
Brown, Michelle	75,735	Irving, Margaret	55,185
Brown, Todd	277,214	Jack Frazer, Penny	77,199
Burkholder, Joanne	139,066	Johnson, Jennifer	103,422
Caisse, Donald	69,658	Keddie, Brian	237,530
Campbell, Joanne	51,600	Ketzmerick, Christa	94,977
Carolus, Andrew	94,717	Klassen, Chalsey	63,869
Catte, Luanne	74,006	Koch, Warren	89,003
Coe, Jeannie	120,730	Kostyshyn, Carley	93,588
DesRoches, Wendy	81,925	Kowalik, Matthew	71,546
Erikson, Irene	68,064	Kuley, Laura	69,279
Friesen, Crystal	99,889	Lafond, Sherry	99,442
Funk, Krista	95,147	Lariviere, Sophie	57,492
Galloway, Justin	102,770	Legebokoff, Denise	109,893
Galloway, Pat	104,635	Levi, Idan	75,821
George, Jisha	142,748	Lim, Jacqueline	93,607
Giles, W Barry	85,676	Lowe, Krista	62,057
Goulet, Doris	53,832	Mabee, Guy	54,439

Personal Services (continued)

Mackay, Michelle	$ 113,297
Mahoney, Bonita	73,247
Mark, Amy	97,390
Marple, Laurie	62,163
Mayotte, Amanda	60,042
McDonald, David	67,066
McDonald, Evelyn	73,334
McLetchie, Andrew	145,385
McPhail, Wendy	79,779
Mesfin, Rediate	162,679
Mikolayenko, Linda	92,213
Millsteed, Sussan	108,138
Misponas, Darlene	54,556
Moore, Michelle	156,475
Morin, Patricia	71,888
Myslicki, Crystal	95,384
Nateweyes, Tanya	67,078
Natomagan, Jackie	94,294
Neethling, Yogandhri	76,488
Nefedow, Valerian	76,229
Nelson, Shirley	96,485
Norgaard, Larissa	56,591
O'Brien, Katie	79,354
O'Brien, Myrtle	52,445
Ohrn, Caroline	56,864
Olsen, Joan	75,820
Pant, Sulav	57,416
Parris, Urica	119,857
Patience, Deborah	98,959
Pelletier, Gail	84,877
Penney, Cindy	135,261
Pham, Jennifer	75,500
Pollon, Betty	65,204
Pontague, Carol	169,169
Prokopchuk, John	108,240
Quinn, Brian	104,942
Radloff, Jennifer	103,325
Ratcliffe, Maureen	72,282
Ratt Misponas, Caroline	80,113
Ray, Joanne	73,188
Roesler, Diane	66,586
Rohel, Tiffany	93,888
Romanow, Mark	64,965
Romanow, Theresa	$ 74,280
Ronning, Heather	96,828
Roy, Jody	57,947
Samoleski, Kenneth	64,512
Sampson, David	87,372
Sanderson, John	53,067
Senft, Laurie	68,764
Senik, Janet	91,974
Singh, Chandra	109,308
Skalicky, Curtis	116,753
Skalicky, Patricia	72,459
Slugoski, Deena	99,324
Smith, Kimberly	64,037
Smith, Phyllis	84,814
Stange, Calyn	50,511
Stockdale, Donna	131,894
Stomp, Kim	57,424
Storozuk, Karen	81,560
Swann, Sharyn	96,768
Taggart, Debbie	73,002
Taylor, James	98,642
Thomson, Lindsay	66,901
Trites, Pamela	104,108
Turner, David	93,815
Van Meppelen, Alexander	58,045
Vancoughnett, S Kim	70,239
Vandergucht, Francine	103,411
Vincent, Jay	79,411
Walker, Melissa	82,256
Watt, Dorla	105,126
Watt, Jody	112,185
Watt, Teresa	112,087
Watts, David	133,023
Whaley, Rebecca	130,422
White, Nicole	63,200
Wilson, Jody Lee	106,407
Wolkosky, Charmaine	58,532
Wolkosky, Patricia	103,005
Woods, Melaney	83,089
Young, Maxwell	93,162
Yurach, G Sheldon	55,288
Zacharias, Shanna	50,185
Zarazun, Laurie	74,638

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Associated Radiologists	$ 62,237	Peter Ballantyne Cree Nation	$ 75,000
Bulletproof Solutions Inc	73,873	Philips Medical Systems Canada	53,804
Crestline	60,237	Revenue Canada	5,270,636
Deloitte & Touche LLP	52,491	S.A.H.O.	121,493
Dr. Axel Rohrmann	76,923	S.A.H.O. Dental Benefits	154,618
Dr. David Stoll	163,702	S.A.H.O. Dip Benefits	166,178
Dr. Vincent K. Chan	161,878	S.A.H.O. Extended Health Care	321,808
Grand And Toy	56,102	Sask Power	138,175
Great West Life	94,820	Sask Tel	101,692
J.A.Steyn Med. Prof. Corporation	468,486	Saskatchewan Property Management	325,333
Kaministikochiwak Devel. Corp.	157,287	Saskatchewan Worker's Compensation Brd.	241,934
Kikinahk Friendship Centre	375,167	Saskatchewan Healthcare	2,065,165
MCRHD Capital Account	135,035	Saskatchewan Union Of Nurses	63,269
Med2020 Health Care Software	64,669	Saskenergy	71,964
Medi-Cross Pharmasave	342,361	Schaan Healthcare Products	124,417
Meyers Norris Penney	107,535	SGEU-Local	100,696
Ministry Of Government Services	251,095	SK. Govt. Employee's Union	70,505
North Sask Laundry & Support Services	187,966	SK Health Information Network	54,480
Northlands College	323,145	Sysco Food Services of Regina	190,603
Ortho - Clinical Diagnostics	84,743	Transwest Air	509,891
Osprey Wings Ltd.	82,856	Tricia Holopina	66,203
PEBA/Public Emp. Pension Plan	151,130	Visa Centre	53,265

Appendix C - Partnerships

"Together in Wellness" is more than just a slogan for the Mamawetan Churchill River Regional Health Authority. Working together with other individuals and organizations is critical to achieving our mandate, and to contributing to the well-being of the larger community. Following are some of the partnerships our regional health authority is engaged in.

Children North - Early Childhood Intervention Program (ECIP)

Children North - Early Childhood Intervention Program (ECIP) is one of 15 agencies in Saskatchewan providing family centered and home based early childhood intervention support. Children North provides services to families in La Ronge, Grandmother's Bay, Sucker River, Hall Lake and Pinehouse. ECIP families have children with special and specific needs and who are not yet enrolled full time in school. ECIP's support to families is based on the families' needs and may include:

- Access to information about children with disabilities, developmental delays and or behavioural concerns. The child may be affected by Fetal Alcohol Spectrum Disorder, chromosomal anomalies, neurological or genetic disorders, congenital malformations, other spectrum disorders, chronic medical illnesses, etc.;
- Regular home visits to complete screening for developmental milestones, and provide information on parenting and disabilities;
- Coaching on strategies to enhance the child's development, and the relationship between parent and child and community;
- Service coordination, case management, referral to other supports;
- Accompaniment to local and regional medical appointments, research and advocacy.

Children North also offers family support from a Family Assistant. This is a home-based, outreach program working with vulnerable families and their children. Using a positive, strength-based approach, the Assistant may mentor parents to build their skills in maintaining a healthy home. Parents may need assistance learning housekeeping, doing laundry, budgeting, meal preparation, developing routines, making and keeping appointments, or connecting with other services in the community. The Assistant may also work with parents to establish and maintain healthy relationships with other parents.

Self referrals are accepted, and all services, including access to the toy and resource lending libraries are free. For more information, contact the Director at 306-425-6600.

Community Advisory Networks

Community Advisory Networks are established by the Regional Health Services Act. They consist of volunteers from our various communities who assist the Health Authority to understand the needs, preferences and priorities of the people and communities, and advise the Authority on broad issues. If you wish to join a Community Advisory Network, or would like more information, please contact the Director of Communications at 306-425-2422.

Community Vitality Monitoring Partnership

Working with northern communities, health and education agencies, the Northern Mines Monitoring Secretariat, as well as industry (Areva and Cameco), this partnership involves

the development of monitoring process for social impacts of various developments in northern Saskatchewan. Mamawetan Churchill River Regional Health Authority is represented on the Steering Committee by the Medical Health Officer who is the chair of the Steering Committee. Recent initiatives include the Career Ambassador program and a study of socio-economic (Community Vitality) impacts of the uranium industry in Northern Saskatchewan.

Creighton Alcohol and Drug Abuse Council (CADAC)

CADAC is an incorporated Health Care Organization with its own Board of Directors. Through a funding agreement with the Mamawetan Churchill River Regional Health Authority, it provides addictions prevention and intervention services to residents in Creighton and surrounding areas.

CADAC has initiated a number of programs and is involved in a variety of committees within the community. CADAC may be reached by calling 306-688-8291.

Creighton Interagency Committee

The Mamawetan Churchill River Health Region is one of a number of groups that make up the Creighton Interagency Committee. The committee members work together to address community needs.

Creighton School Division

Creighton Community School is part of Creighton School Division #111. The Mamawetan Churchill River Regional Health Authority dental program is located at the school, and MCRRHA public health nurses provide immunizations and educational programs.

Diabetes Education Network (DEN)

The Diabetes Education Network (DEN) is a group of community members and health care professionals interested in learning about diabetes together. DEN is an initiative of Mamawetan Churchill River Regional Health Authority and Lac La Ronge Indian Band.

First Responders

First Responders are registered volunteers who have successfully completed a first responder training program. They are dispatched to an emergency only after the local ambulance service has been notified. In the Mamawetan Churchill River Health Region, first responders are based in Grandmother's Bay, Sucker River, Hall Lake, Weyakwin, Sandy Bay and Pinehouse Lake. This program operates in partnership with the Lac La Ronge Indian Band Health Services, which pays for the original training and equipment. The regional health authority, through a first responder facilitator, ensures the first responders are registered and arranges for regular in-services.

Flin Flon Ambulance

Through a funding agreement with the regional health authority, Flin Flon Ambulance staff provide ambulance services in the Creighton, Denare Beach and Deschambault Lake areas.

Hatchet Lake First Nation Health Services

Located at a Health Centre in Wollaston Lake, and funded through Health Canada, the Hatchet Lake First Nation Health Services provides health care to residents of the area. The

Mamawetan Churchill River Regional Health Authority collaborates with their staff in the interests of common clients.

Health Shared Services Saskatchewan (3sHealth)

3sHealth is a new organization that will leverage economies of scale, best practices and shared expertise, working collaboratively with the health regions and Saskatchewan Cancer Agency to improve quality and efficiency of selected administrative and support services. The services will play a critical in improving health system quality and achieving cost savings that will support investments into direct patient care.

Health Quality Council

The Health Quality Council (HQC) is an independent agency that measures and reports on quality of care in Saskatchewan, promotes improvement, and engages its partners in building a better health system. The Mamawetan Churchill River Regional Health Authority has participated in a number of HQC initiatives including the Chronic Disease Collaborative, Quality as a Business Strategy, discharge planning and a patient experience survey.

J.A. Steyn Professional Medical Corporation

Through funding agreements, the J.A. Steyn Professional Medical Corporation provides physician services to the Mamawetan Churchill River Health Region at Sandy Bay and to the Peter Ballantyne Cree Nation Health Services, Inc. at Pelican Narrows and Deschambault Lake.

Jeannie Bird Clinic - see Lac La Ronge Indian Band Health Services

Kids First North

Kids First is a program that helps families to become the best parents they can be and to have the healthiest children possible. The program enhances knowledge, provides support, and builds on family strengths.

The Mamawetan Churchill River Regional Health Authority is a partner in this initiative. The region provides prenatal referral and support; in-hospital screening; breastfeeding support and encouragement; assessment; and home visiting services in La Ronge.

Through Mental Health Services, we partner to provide a mental health and addictions Team and Family Counsellor to KFN families and staff in the communities of La Ronge, Sandy Bay and Pinehouse.

Kikinahk Friendship Centre

The Kikinahk Friendship Centre is located in La Ronge. Regional Health Authority staff collaborate with Kikinahk program staff on committees such as the Pre Natal Baby Friendly Committee and projects relating to sexual health. Funding flows through the Mamawetan Churchill River Regional Health Authority from the province to the Kikinahk Friendship Centre for the administration of the Northern Human Services Partnership.

La Ronge Emergency Medical Services (EMS)

La Ronge EMS is a privately-owned company. Through a funding agreement with the Regional Health Authority, La Ronge EMS staff provide ambulance services in the La Ronge area.

La Ronge Medical Clinic

A nurse practitioner and diabetes nurse educator, employed by the Regional Health Authority, work in partnership with the physicians and administrative support team at the La Ronge Medical Clinic. The La Ronge Medical Clinic is located on La Ronge Avenue along the shore of Lac La Ronge and is a university affiliated teaching practice operated by the Northern Medical Services division of the Department of Academic Family Medicine of the University of Saskatchewan.

The clinic offers medical services for scheduled appointments, minor emergency services, health counseling and regular visiting specialist clinics to the people of La Ronge and the neighbouring communities.

Physicians also provide services to the La Ronge Health Centre Emergency, Outpatients, Acute Care, and Long Term Care departments. As well, regular clinics are scheduled at Wollaston Lake, Stanley Mission, Pinehouse and Southend.

The phone number for the La Ronge Medical Clinic is 306-425-2174. Hours are Monday through Friday from 9:00 a.m. to 5:00 p.m.

La Ronge Ministerial Association

On a voluntary basis, clergy in La Ronge provide a chaplaincy service to patients at the La Ronge Health Centre and residents of Nikinan (Long Term Care). As well, members of the Ministerial Association take turns conducting worship services in Nikinan on Sundays and special occasions.

Lac La Ronge Indian Band Health Services

Headquartered at the Jeannie Bird Clinic on Far Reserve, the Lac La Ronge Indian Band Health Services provide a wide range of health services for members of the Lac La Ronge Indian Band. Health Clinics are also located in Grandmother's Bay, Hall Lake, Sucker River and Little Red River.

The Mamawetan Churchill River Regional Health Authority collaborates with Lac La Ronge Indian Band Health Services on committees such as the Pre Natal Baby Friendly Committee and National Addictions Awareness Week, and in the training of first responders.

The Jeannie Bird Clinic may be contacted by calling 306-425-3600.

New North - Saskatchewan Association of Northern Communities Services, Inc.

New North is comprised of 35 member communities with the goal of enhancing the quality of life for northern people within the Northern Administration District of Saskatchewan. Mamawetan Churchill River Regional Health Authority staff collaborate with the various councils in emergency planning and in training programs for municipal workers.

Northern Health Region - Manitoba

The Northern Regional Health Authority (Northern Health Region) was created in May 2012 through the amalgamation of the former NOR-MAN and the Burntwood Regional Health Authorities. The Northern Health Region is geographically, the largest of the five RHAs in the province of Manitoba. In addition to providing services to that area of the province, it also provides services at Flin Flon General Hospital to approximately 8,000 residents of NE Saskatchewan from the communities of Creighton, Denare Beach, Deschambault Lake, Pelican Narrows, Sandy Bay, and Sturgeon Landing. A funding agreement for the provision of these services exists between the two provinces.

North Sask Laundry & Support Services LTD

North Sask Laundry is a non-profit organization whose purpose is to provide linens for the following regional health authorities: Kelsey Trail, Prairie North, Prince Albert Parkland and Mamawetan Churchill River. In 2012-13, MCRRHA Board Member Marlene Barzeele sat on the Board of North Sask Laundry, and the RHA is represented on committees by staff.

North Sask Special Needs Housing, Employment, Recreation, Inc. (NSN)

NSN works to provide enhanced opportunities for people with disabilities to have safe and appropriate housing, meaningful employment, and rewarding recreational activities. Special needs can result from physical or mental disabilities. The non-profit organization is based in La Ronge and acts as a service delivery agent for programs funded by the regional health authority. NSN may be reached by phone at 306-425-4990 or email at: nsn.laronge@sasktel.net

Northern Antibiotic Resistance Partnership

The Northern Antibiotic Resistance Partnership (NARP) is comprised of a team of community members, healthcare professionals, educators and research scientists (four RHAs, seven communities, five First Nations health organizations, Public Health Agency of Canada, National Laboratory of Microbiology, Saskatchewan Disease Control Laboratory) working in partnership to study antimicrobial resistant bacteria causing infections in northern communities. The Population Health Unit and Director of Primary Health Care represent the Mamawetan Churchill River Regional Health Authority on this team. Some of the initiatives include a social marketing campaign and curriculum components for schools.

Northern Inter-Tribal Health Authority

The mission of the Northern Inter-Tribal Health Authority (NITHA) is to provide professional support, advice and guidance to its partners (the Prince Albert Grand Council, the Meadow Lake Tribal Council, the Peter Ballantyne Cree Nation, and the Lac La Ronge Indian Band), enabling them to better meet the health needs of their communities. The Mamawetan Churchill River Regional Health Authority collaborates with NITHA in initiatives such as the Northern Health Strategy and Northern Antibiotic Resistance Partnership.

Northern Health Authorities Co-management Partnership Committee

The three northern health authorities, the Athabasca Health Authority, the Keewatin Yatthé Regional Health Authority and the Mamawetan Churchill River Regional Health Authority, are signatories to a Memorandum of Understanding establishing the Northern Health Authorities Co-management Partnership Committee (NHACPC). The goal of the NHACPC is to improve the health and well-being of the people of northern Saskatchewan by working

together in the development of healthy public policy and providing a strong northern voice for various provincial health and other intersectoral initiatives and programs. The objective is also to collaborate, when appropriate, in delivering efficient and cost-effective health programs across the north. One major collaborative initiative is the Population Health Unit, with components which have a north-wide legislative function for the Public Health Act, such as environmental health and communicable disease monitoring.

Northern Healthy Communities Partnership

The Northern Health Communities Partnership (NHCP) is a group of people who work together on areas of common interest to encourage and build healthy Northern communities. NHCP has representation from a variety of sectors, both on and off reserve throughout the North, including the three northern health authorities, First Nations, and education, recreation, Justice, New North and Northern Human Services Partnership. Currently, NHCP initiatives are led by five Action Teams: the Active Communities Team, the Healthy Eating Team, Babies, Books and Bonding, 40 Developmental Assets and the Northern Tobacco Strategy. The Population Health Unit provides coordination and administration for the partnership.

Northern Human Services Partnership

The Northern Human Services Partnership's mandate is to "provide a forum for the planning and delivery of integrated human services for Northern people". Membership is open to anyone that is interested; the Executive is formed by members of provincial ministries, non-profit organizations, and third-party organizations. First Nations and federal agencies are also part of the membership. The work is determined by both the membership and by provincial government. Examples of provincial work would be the work done to develop and implement Cognitive Disabilities Strategy in La Ronge and area, and the adjudication of grants that result in the dissemination of almost $.5 million in provincial grants each fiscal year. The Community Reference Panels are an example of northern-identified work that the Partnership participates in with other stakeholders.

Northern Labour Market Committee

The mandate of the Northern Labour Market Committee is to identify and assess emerging labour market and economic development issues in northern Saskatchewan and recommend or initiate actions that will enable residents to benefit from training, employment, and economic activities in their region. The Mamawetan Churchill River Regional Health Authority participates in the Northern Health Sector Training Sub-Committee.

Northern Lights School Division #113

The majority of schools in the Mamawetan Churchill River Health Region fall under the jurisdiction of the Northern Lights School Division. The region collaborates with the various schools to provide dental services, immunizations and educational programs. A Sexual Wellness Coordinator works in partnership with the teachers in La Ronge to offer education, information and skills training to students about all aspects of human sexuality.

Northern Medical Services

Northern Medical Services is a division of the Department of Academic Family Medicine of the University of Saskatchewan. NMS is responsible for staffing the La Ronge Medical Clinic

and ensuring that there are physicians to provide the necessary services in La Ronge and the communities of Wollaston Lake, Stanley Mission, Pinehouse and Southend.

Northern Mines Monitoring Secretariat (NMMS)

The NMMS is a body of federal and provincial ministries, agencies and departments and the three northern health authorities including Mamawetan Churchill River Regional Health Authority (through the Medical Health Officer) to facilitate assessment and monitoring initiatives of uranium mines as well as to support Northern Environmental Quality Committees.

Northlands College

Northlands College is a publicly funded regional college with campus centres located in La Ronge, Buffalo Narrows and Creighton. The Mamawetan Churchill River Regional Health Authority collaborates with the college to deliver programs such as the Health Careers Access program, the Special Care Aide and Licensed Practical Nurse training programs. The region provides practicum work placements.

Other Health Regions

In alphabetical order, here is a list of other health regions in Saskatchewan:

- Athabasca Health Authority
- Cypress Health Region
- Five Hills Health Region
- Heartland Health Region
- Keewatin Yatthé Health Region
- Kelsey Trail Health Region
- Prairie North Health Region
- Prince Albert Parkland Health Region
- Regina Qu'Appelle Health Region
- Saskatoon Health Region
- Sun Country Health Region
- Sunrise Health Region

Peter Ballantyne Cree Nation Health Services Inc.

Through a funding agreement with the health region, the Peter Ballantyne Cree Nation Health Services Inc. provides ambulance services in the Pelican Narrows area. Peter Ballantyne Cree Nation Health Services Inc. also has health centres in the communities of Pelican Narrows, Deschambault Lake, Sturgeon Landing and Southend. The Mamawetan Churchill River Regional Health Authority collaborates with their staff in the interests of common clients.

Pinehouse Interagency Committee

The Mamawetan Churchill River Regional Health Authority is one of almost 25 groups that make up the Pinehouse Interagency Committee. The committee members work together to address community needs. The organization was a 2008 recipient of the Northern Health Excellence Award for Partnership Development.

Pre-Natal Baby Friendly Committee (La Ronge)

In La Ronge, the Mamawetan Churchill River Regional Health Authority works with other organizations to ensure that pregnant women and families with babies receive the information and support they need to give their babies a healthy start in life. The committee hosts an annual Breastfeeding Walk, several prenatal gatherings, and educational sessions for professionals.

Sandy Bay Interagency Committee

The Mamawetan Churchill River Regional Health Authority is one of a number of groups that make up the Sandy Bay Interagency Committee. The committee members work together to address community needs.

Saskatchewan Cancer Agency

The Saskatchewan Cancer Agency provides leadership in cancer control for the people of Saskatchewan through prevention, early detection, treatment, and research. The Regional Health Authority collaborates with the Saskatchewan Cancer Agency in delivering the services of the mobile screening unit for breast cancer and the colorectal screening program.

Saskatchewan Ministry of Environment

Mamawetan Churchill River Regional Health Authority partners closely with the Saskatchewan Ministry of Environment on a wide variety of initiatives such as reviews of environmental impact assessments, the assessment of human health risks in a variety of communities from contaminated sites, the health risk assessments of country food and joint training for municipal workers.

Saskatchewan Ministry of Health

The Regional Health Authority works closely with the Saskatchewan Ministry of Health and receives operational and capital funding through the Ministry. As well, the Ministry provides central coordination of program delivery.

Saskatchewan Association of Health Organizations (SAHO)

SAHO is a non-profit, non-governmental association of health agencies. The organization received a new mandate in 2012, and now provides its more than 150 members with collective bargaining and labour relations services.

Stanley Mission Health Services

The First Nations organization, Stanley Mission Health Services, serves the residents of the community of Stanley Mission. The Mamawetan Churchill River Regional Health Authority collaborates with their staff in the interests of common clients.

Town of La Ronge

With provincial funding, the Town of La Ronge purchased and maintains a Handivan for the use of Regional Health Authority homecare and social wellness programs.

Volunteers

The La Ronge Health Centre has a volunteer program that coordinates the time, talents and energy of volunteers to complement the work of staff and other community services. Volunteers are valued members of the team and provide assistance in a number of areas, including assistance with activities, meals on wheels, transportation and palliative care. A special effort is made to provide youth in the community with volunteer opportunities. For more information, contact the Volunteer Coordinator at 306-425-4803.